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ABSTRACT

The programed instructional text is designed to offer health professionals basic information about hospital practice. It is divided into four major hospital areas: liability; the medical staff; using the hospital; and the physician and standards of quality care. The section related to using the hospital takes up half of the text and develops understanding of standards and procedures related to admitting, medical records, nursing services, other services, and two medical case studies. The case study approach is frequently used and is combined with questionnaires leading the student through the areas of study. A summarizing questionnaire concludes the self-instruction text. (MW)

ED103634

ORIENTATION TO HOSPITAL OPERATION

Programmed Instruction for Health Professionals

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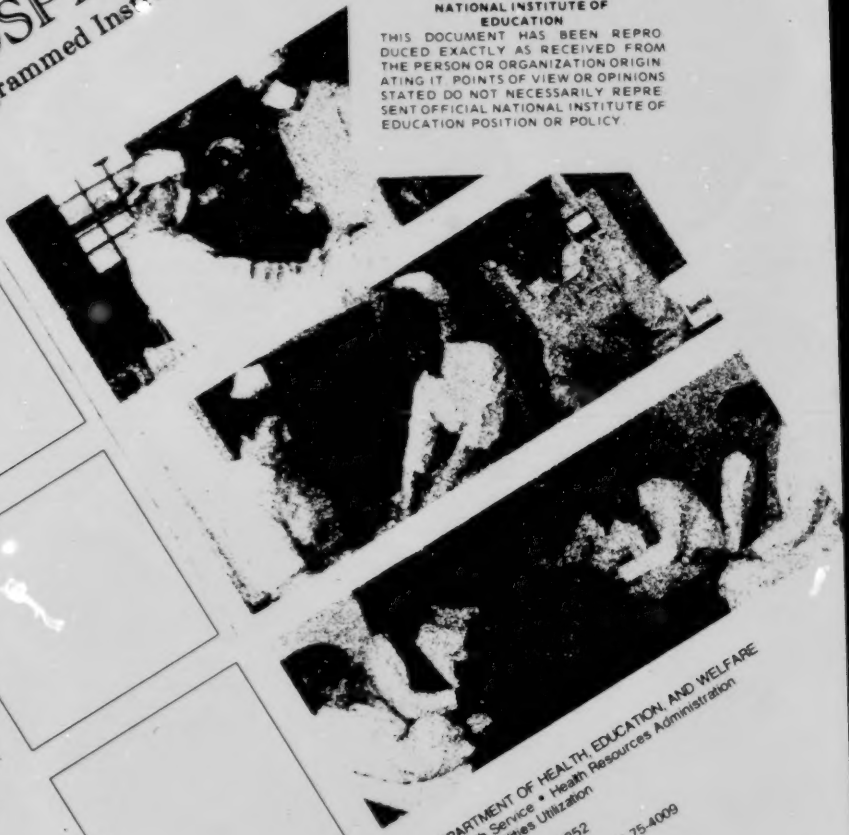

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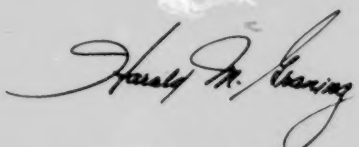
FOREWORD

This publication was originally developed to fill a long-felt need to orient medical school students to the hospital. It is the outgrowth of collaborative effort by the Association of American Medical Colleges and the Division of Facilities Utilization. The Student Medical Association also was actively involved in planning the text which was developed under contract by Innovative Instruction Inc., a subsidiary of Sterling Institute.

The Division of Facilities Utilization acknowledges with gratitude the invaluable contributions of many individuals and groups who evaluated the developmental text during its field testing. They include individual students at various medical schools, medical school classes at the University of Missouri, general practitioners, physicians representing a wide range of specialties, and hospital administrators throughout the Nation.

Following evaluation, the material was revised and edited by the Division's Office of Education and Training and the Technical Publications Staff. At that time it became apparent that the contents would be useful to many who in entering the health professions would need to develop an understanding of how hospitals function.

Designed as a self-instruction text, the publication also can be used with groups for discussion.



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INTRODUCTION

This programmed instruction text, divided into the four major hospital areas of particular interest to health professionals, is designed to give you basic information about hospital practice. The facts presented here should prove useful when you have occasion to work in a hospital setting. 1

Before starting the course, fill out the Questionnaire beginning on page 103. Then proceed at your own pace through the entire course. Correct and incorrect answers are clearly indicated. If you've chosen a correct answer, continue on with the next section. If your answer is incomplete or incorrect, go back and select another before continuing.

To find out what you have learned from the course, upon its completion review your previous answers to the Questionnaire and fill in previously unanswered questions.

PART 1· LIABILITY

2 While there is mounting demand for decentralization of political power, the trend in medicine is moving the other way. Rapid advances in medical technology are leading to increased centralization of the practice of medicine, and the hospital is becoming the center of medical practice.

This centralization of practice is leading to some interesting questions about who is responsible for a patient's care. Take the following case, for example:

> An 18-year old boy is brought directly from a football game where his leg was injured to the emergency room of the community hospital. The general practitioner on emergency duty examines the leg. He finds a broken tibia and fibula. These fractures are closed but comminuted. The wound is extensively traumatized and soft tissue swelling has begun. The physician sets the leg in an unpadded plaster cast and has the boy admitted to the hospital.
>
> Soon after the patient arrives in his room, the attending nurses observe and record swelling in the patient's toes. By the second day the nurses record that his toes are very swollen, dark, cold, and insensitive to touch. They report this to the physician. From the time the boy arrives at the hospital, he complains of pain. The physician prescribes demerol, carbitol, and other pain relieving medications. By the fourth day, the boy receives 11 separate administrations of pain medications. At this point the physician splits the cast vertically on both sides of the leg and cuts the patient in two places with the Stryker saw. He notes an infected laceration on the leg. A foul odor is noted in the patient's room. The following morning the nurses report bright blood on the cast. Just after midnight further bleeding and pussy discharge are noted. The patient is reported as crying with pain although he received pain-killing medication. The nurses keep the physician informed regarding the patient's condition. The physician makes regular visits to the boy's room, checking on his condition at least twice a day.
>
> Finally, after several more days, the patient is transferred to a hospital in St. Louis. He is put in the care of a specialist who notices considerable dead tissue in the leg which he blames on circulatory impairment related to swelling and hemorrhaging of the leg while in the cast. The specialist makes several surgical attempts to save the leg, but finally, it is amputated. The patient brings suit against both the attending physician and the hospital. (Darling v. Charleston Community Memorial Hospital.)

Suppose you were on the jury, certainly a more comfortable situation than being the attending physician, and you would have to decide who should be held liable for this boy's predicament:

.The attending physician.

.The community hospital.

.Both the physician and hospital.

.No one.

We'll ask you to make the decision shortly. But, first, let's look into the situation a bit further.

In the suit against the attending physician, it is clear who is being sued. But, who is Charleston Community Memorial Hospital? Is it the hospital administrator? The nursing staff? All the doctors who bring patients there? The community that founded the hospital? Who will take the ultimate blame if "the hospital" loses this case? You may be surprised. Take a guess.

A. The administrator.

B. The nursing staff.

C. The medical staff.

D. Representatives of the community.

Now read the following section headed with the letter of your choice.

Answers

4

A. The hospital administrator has authority for management of all hospital facilities, but that authority is delegated from above. The administrator's "boss" as such, is the body with ultimate responsibility for functions within the hospital. Review and select a better answer.

B. The nursing staff is an important part of the hospital and individual nurses can be held liable for their own actions, but another group has ultimate responsibility for operation of the hospital. Review and select a better answer.

C. The medical staff does go a long way toward taking responsibility for the actions of its members, but the medical staff is responsible to another body which has ultimate responsibility for functions within the hospital. Review and select a better answer.

D. That's right. The ultimate responsibility for all functions of this hospital lies in the hands of representatives of the community. To pursue this case, additional information follows:

□□□

Charleston Community Memorial Hospital, like most hospitals in the United States is a "voluntary" hospital. As such, it is nonprofit and is operated by and for the community. This distinguishes it from nonprofit hospitals run by religious groups; government hospitals operated by Federal, State or city government; and from "proprietary" hospitals, which are privately owned and operated for profit. But, regardless of the type of hospital, some sort of governing body is always responsible for running a hospital much as a board of directors is responsible for running a business corporation. 5

As you probably know, the board of directors of a business corporation sets administrative policies and regulations, has financial responsibility for the company, represents stockholders' interests, and has the ultimate say on quality control.

With this in mind, which of the following would you expect the governing board of a hospital to be responsible for?

1. Maintenance of high quality patient care.

2. Maintenance of a high quality medical staff.

3. Acquisition, conservation, and use of hospital funds.

4. Establishment and enforcement of general administrative policies, rules, and regulations.

5. Representation of the interests and needs of the community, or other beneficiaries, that the hospital serves.

A. All of the above.

B. 1, 3, 4 and 5 only.

C. 3, 4 and 5 only.

D. 3 and 5 only.

Answers

6

A. That's right. The governing board is responsible for the quality of care, acquisition and disposition of funds, setting policies, and representing the community's interests.

B. Yes, as far as you went. But, consider this: maintenance of high quality patient care depends on a high quality medical staff. With this in mind, review and select a better answer.

C. The governing board of a hospital has responsibilities parallel to those of a corporate board of directors. These include quality control over products and services. Review and select a better answer.

D. The governing board of a hospital has responsibilities parallel to those of a corporate board of directors. These include making policy and maintaining control over the quality of products and services. Review and select a better answer.

□□□

The governing board of a hospital is generally made up of community leaders from varied and usually nonmedical backgrounds. It is charged with responsibility for patient care but cannot practice medicine. It delegates this responsibility to the medical staff of the hospital.

The people who serve on a hospital governing board volunteer their time and generally hold responsible jobs elsewhere. They are charged with responsibility for the general administration of the hospital but don't have time to administer. They delegate the enforcement of their administrative policies and regulations to the hospital administrator.

While the board can delegate certain responsibilities, it cannot shed these responsibilities.

So, now it should be clear that the ultimate legal responsibility for all functions of Charleston Memorial Community Hospital--including many aspects of the care given to the boy with the broken leg--lies in the hands of its: (Select one.)

A. Medical staff.

B. Hospital administrator.

C. Governing board.

Answers

A. The responsibilities of the medical staff at Charleston Memorial are pretty much limited to clinical care of patients, and even those responsibilities are delegated from above. Review and select a better answer. 7

B. The hospital administrator is the direct representative of the governing board in daily matters of running the hospital. But his responsibilities are delegated from above where the ultimate responsibility lies. Review and select a better answer.

C. You're right. The governing board has the ultimate authority for operation of Charleston Memorial and for providing patient care. Even though it delegates the responsibility of clinical care of patients to the medical staff and control of administrative matters to the administrator, legal responsibility rests with the board.

□□□

But, even so, what kind of case can be built against the Charleston Memorial Hospital for the loss of this boy's leg? Well, among other things, the plaintiff contended that the hospital was liable because:

.It was negligent in allowing this general practitioner (GP) to engage in orthopedic practice for which he was not qualified.

.The Tissue Committee of the hospital had not performed its monitoring function of practice within the hospital.

.No specialist consultation was requested on this case, although the hospital bylaws called for such consultation when a case is a "problem."

Charleston Community Memorial Hospital on the other hand held itself free of liability because:

.A corporation cannot practice medicine.

.A hospital provides facilities but is unable to command a physician to any particular action in the practice of medicine.

.Charleston Memorial functions in the same manner as other similar community hospitals in nearby areas.

The plaintiff said the hospital was negligent in allowing this GP to engage in orthopedic practice. But, legally, can a hospital stop a duly licensed GP from treating a broken leg on its premises?

To use the facilities of a hospital, a physician must apply for and be granted an appointment to the hospital medical staff. Medical staff appointments generally involve a delineation of privileges. Privileges define the kinds of practice in which the physician may engage in that hospital. Privileges may be defined and limited in any of a variety of ways. When privileges are limited, most commonly they restrict the physician from performing operations, delivering babies, and/or caring for women patients whose illness is directly related to the female organs.

Choose the statement below which best summarizes what we have just covered.

A. Any duly licensed physician may engage in any kind of practice in any community hospital.

B. A physician who has an appointment to the medical staff of a community hospital may practice medicine in that hospital as he sees fit.

C. A physician with an appointment to the medical staff of a hospital may have his privileges at that hospital limited, usually to surgery and/or obstetrics-gynecology (OB-GYN).

D. A physician with appointment to the medical staff of a hospital may have his privileges at that hospital limited, usually in relation to surgery and/or OB-GYN.

Answers

A. To practice in a hospital a physician must not only be licensed but also have an appointment to that hospital's medical staff. Review and select a better answer. 9

B. Even when a physician has an appointment to a hospital's medical staff he may be limited in the type of medicine he is allowed to practice in the hospital. Review and select a better answer.

C. A physician may indeed have his privileges at a hospital limited but if they are limited it is very unlikely that all he will be allowed to engage in is surgery and/or OB-GYN. Review and select a better answer.

D. A physician may indeed have his privileges at a hospital limited, and you are exactly right about his usual limitations. When privileges are limited, they are generally limited in relation to surgery and/or OB-GYN.

□□□

So, although it is not the usual practice in hospitals to limit a physician's privileges regarding orthopedics, it certainly could be done. The plaintiff in Darling vs. Charleston Memorial built part of his case against the hospital on the fact that Charleston Memorial had not limited this physician's privileges in relation to orthopedics for which practice the plaintiff claimed the physician was not qualified.

In regard to the physician's general qualifications to practice medicine within the hospital, the plaintiff claimed that the hospital had failed to evaluate this. He held that the hospital's tissue committee had not fulfilled its responsibility relative to regularly monitoring the practices of all medical staff members.

To understand this allegation, you must know something about medical staff organization in a hospital. You will recall that the hospital's governing board delegates responsibility for major aspects of patient care to the medical staff. To fulfill its responsibilities, the medical staff typically organizes itself into committees.

10 The number and size of medical staff committees varies with the size of the medical staff. In smaller hospitals, one committee may have to cover the functions that many committees would cover in a larger institution.

Committees found in most hospitals are listed in the left-hand column below. A list of committee functions is on the right. From your knowledge and logic, see if you can match function with committee name by putting the corresponding letter of each function on the line next to the committee name.

1. Executive Committee_____	A. Control of hospital-associated infections.
2. Joint Conference Committee_____	B. Prompt, complete, and clinically pertinent documentation of medical events within the hospital.
3. Credentials Committee_____	C. Review of application and recommendation of action regarding appointment to the medical staff.
4. Utilization Review Committee_____	D. Coordination of activities and setting of general policies for all committees and medical staff as a whole.
5. Infection Committee_____	E. Provision of liaison between medical staff and governing board.
6. Medical Record Committee_____	F. Evaluation of utilization of facilities and services ordered and provided.

Answers

Check your answers against the correct list on the left below. If you want additional information on these committees, refer to the right-hand column.

1. Executive Committee D (Coordination of activities and setting of general policies for all committees and the medical staff as a whole.)	The Executive Committee acts on behalf of the staff and serves as a sort of program director. It receives reports from other committees and takes action on them.
2. Joint Conference Committee E (Provision of liaison between medical staff and governing board.)	The Joint Conference Committee acts when there's need of medical and nonmedical consideration.
3. Credentials Committee C (Review of application action regarding recommendation of appointment to the medical staff.)	Credentials Committee members consider qualifications of education, experience, interests, and other pertinent information before giving medical staff endorsement. Prospective appointees are ultimately approved by the governing board.
4. Utilization Review Committee F (Evalutation of utilization of facilities and services ordered and provided.)	Members of the Utilization Review Committee are mainly concerned with making optimum use of the hospital's resources. Criteria for effective operation are constantly reviewed and evaluated.
5. Infection Committee A (Control of hospital-associated infections.)	The Infection Committee is responsible for the education and re-education of hospital personnel in ways of investigating and dealing with infection within the hospital.
6. Medical Record Committee B (Prompt, complete and clinically pertinent documentation of medical event within the hospital.)	The Medical Record Committee works through the medical record administrator. She is responsible for the actual clerical procedures. The committee acts as judge of clinical care based on what has been documented.

12 The number and type of medical staff committees are not limited to those mentioned. Many hospitals have additional committees for such areas as pharmacy and therapeutics.

Another usual medical staff committee is the Tissue Committee, referred to in the Darling case, which represents one of the first organized efforts of hospital medical staffs to monitor the practice of their colleagues. This committe, often comprised of a pathologist, surgeons, an internist, and a GP, reviews and evaluates surgical policies and all surgical procedures performed at the hospital. It concerns itself with both the justification for operating and the quality of the work and follow-up performed.

In most hospitals it has been found that the introduction of a Tissue Committee reduced the incidence of unnecessary surgery. It also increased the legibility and improved the content of surgical contributions to the medical record.

The function of the Tissue Committee in a hospital is to:

A. Examine and code tissues removed in surgery.

B. Insure quality control of surgery.

C. Judge the overall performance of the medical staff.

Answers

A. As part of its procedure, the Tissue Committee may require that all tissues removed in surgery be examined and coded, but the work is not done by the committee members nor is it their only concern. Review and select a better answer. 1

B. That's right. The Tissue Committee is established to ensure quality control of surgery. Criteria established in the varying surgical departments determine the justification of operations performed. Through periodic review, new criteria can be evaluated and recommended.

C. The plaintiff in the Darling case alleged that the hospital had failed to review reports of the Tissue Committee as an aid in determining the performance of its staff, but the function of the Tissue Committee is more specific. Review and select a better answer.

□□□

The plaintiff's third and final major allegation was that the hospital should have called in a specialist to consult on this case and had not fulfilled this responsibility. The plaintiff built his argument on the fact that the hospital's medical staff bylaws required consultation on "problem" cases. To evaluate this allegation, let's look for a moment at the definition and function of the medical staff bylaws.

Bylaws are set up with two major factors in mind:

1. To make the governing board's delegation of certain responsibilities and authorities to the medical staff work effectively, there must be some clear cut and mutually agreed upon understanding regarding these responsibilities and authorities.

2. The medical staff is in the best position to define such responsibilities and the authorities required to fulfill them.

Which of the following statements best represents your understanding of medical staff bylaws?

A. Medical staff bylaws are drawn up by the medical staff for approval and adoption by the governing board to provide a means of accountability of the medical staff to the governing board.

B. Medical staff bylaws are created by the governing board to provide a mechanism whereby the board can control the conduct of the hospital's medical staff.

C. Medical staff bylaws are self-governing regulations set up by the medical staff to control its members.

Answers

14 A. Right. Bylaws are drafted by the medical staff for board approval. They define the responsibilities and authorities of the medical staff.

B. Although the medical staff is responsible to the governing board through the bylaws, they are not actually created by the board. Review and select a better answer.

C. Self-governing implies a certain isolation and independence of the medical staff from the rest of the hospital which does not exist. Members are held accountable through the very bylaws they formulate. Review and select a better answer.

□□□

The medical staff bylaws are a hospital's documentation of what it expects of its medical staff members. As such, these bylaws can and often are used as legal evidence in court.

Since the governing body is responsible for enforcing the bylaws, it must, of course, assure that every physician on the staff is aware of its bylaws and that he agrees to follow them. Remembering that a hospital cannot put off its legal responsibility for what goes on within its walls, what would you do to increase the likelihood that a physician joining the staff would adhere to the bylaws?

A. Require a physician to agree to accept liability for any suit brought about as a result of his not following the bylaws.

B. Require a physician joining the staff to sign an agreement to abide by its bylaws.

C. Nothing.

Answers

A. If the hospital tries to get a physician to accept subsequent liability in a violation of its bylaws, it is attempting to shed its own legal responsibility. This can't be done. Instead, (answer B) the hospital can at least be assured of the physician's awareness of its bylaws, if each new appointment to the staff signs a statement agreeing to comply with them. 15

B. You agree with most hospitals. Since the hospital cannot shed its legal responsibility, it can at least be assured that members of the medical staff are aware of and claim they will follow its bylaws. Upon his acceptance of appointment to a medical staff of almost any hospital, a physician must, therefore, sign an agreement to comply with the bylaws.

C. Without any agreement with the hospital, the physician can operate as a totally "free spirit" within the walls of the hospital. Realistically this doesn't make sense from the doctor's, patient's or hospital's point of view--particularly the hospital's. After all, we have determined that the hospital has the ultimate responsibility for what goes on. The hospital can at least be assured of the physician's awareness of its bylaws, if (answer B) each new appointee signs a compliance statement.

□□□

As the plaintiff pointed out, the medical staff bylaws at Charleston Memorial call for consultation by a specialist in "problem" cases. The governing board at Charleston Memorial did nothing about the fact that the physician in the Darling case was not abiding by these bylaws. The plaintiff claimed that this was negligent on the part of the hospital.

Now you understand the plaintiff's allegations against the hospital. The hospital's defense, you'll recall, rested on the claims that it is a corporation, that it cannot command the physician to act in a given manner, and that its standards of operation are the same as other hospitals in the community.

To testify on behalf of the hospital, the administrator of a nearby hospital was called as an expert witness. In his opening testimony, Anthony J. Perry, stated his background and qualifications:

16 The Witness: I became administrator of the Decatur-Macon County Hospital (Decatur, Illinois) in 1961....I have a bachelor's degree in education from the State College of Bridgewater, Massachusetts; master's degree in hospital administration from Northwestern University in Chicago ...I am a member of the Illinois Hospital Association, American Hospital Association (AHA), and a fellow of the American College of Hospital Administrators (ACHA). Fellowship in the ACHA is given for outstanding work in the field of hospital administration.... As part of my master's degree, I was a resident in hospital at the Decatur-Macon County Hospital for nine months. At the end of that time, I became assistant administrator, and after several years I became associate administrator, I believe in 1958, ... and then, in April, 1961, I became the administrator of the hospital...

Attorney for the Defense: Mr. Perry, based on your experience and qualifications, are you acquainted with the usual and customary practice and standards in hospital administration throughout the central part of Illinois, including Charleston, Illinois, for the month of November, 1960?...

Mr. Appleman: Objected to, if the Court please, unless the question will include standards imposed by law.

Attorney for Defense: We will withdraw that question.

The Witness: I am acquainted with the usual practices and standards through central Illinois in November, 1960. On many occasions I have had occasion, at professional meetings, to consult with and discuss ... matters involving hospital administration with other administrators.

Mr. Perry's testimony reflects the rapidly growing trend of formal training in the profession of hospital administration. After establishing his credentials as an expert witness, he was asked more about the role of the administrator. In his testimony he referred to the Illinois Hospital Licensing Act and a standard text in hospital administration.

Witness: In Paragraph 21, in speaking of the administrator, it says: "The administrator, should endeavor to have medical problems adjusted by the medical staff or its committees as necessity demands. However, the administrator, as a representative of the board of trustees, must act with decision and with firmness consistent with the welfare of the patient and continued good reputation of the hospital".... "The governing board entrusts the administrator with all policies that may be established and depends upon him to administer the hospital efficiently and to furnish (them with) whatever information may be desired."

According to Perry's testimony, which statement below best describes the administrator's position in the hospital?

A. He is the direct representative of the governing board, the liaison between the board and all hospital personnel, and he is responsible only to the board for the performance of his duties.

B. He implements hospital policy, reporting to the governing board on fiscal matters and to the medical staff on patient care matters.

C. He acts as liaison between the governing board and all other hospital personnel, but has no power to take action in relation to the performance of any member of the medical staff.

Answers

18 A. That's correct. The administrator is the direct representative of the board in the management of the hospital and is responsible to the board alone for the performance of his duties. As liaison between the board and all hospital personnel, the administrator is responsible for having all policies implemented.

B. As one of his duties the administrator does report to the board on fiscal matters, but he is not responsible to the medical staff where patient care is concerned. Review and select a better answer.

C. The administrator does act as liaison between the board and the other hospital personnel, but he is not powerless in his relation to members of the medical staff. If the welfare of a patient or the reputation of the hospital is at stake and a member of the medical staff is involved, the administrator has the authority to inform the board or the appropriate medical staff committee. Review and select a better answer.

□□□

Mr. Perry went on to testify that the procedures followed at Charleston Memorial regarding the physician's privileges and relating to the fact that he did not call in a consultant were "consistent with the usual and customary practice."

Under cross-examination Mr. Perry was asked to read from the ACHA and AHA Code of Ethics:

Witness:...Paragraph 4 states as follows: "It is the responsibility of the medical staff and of the governing board of the hospital to safeguard the interest of the public so that no members of the medical staff or other practitioners shall be permitted to undertake any procedure for which he is not fully competent. Reluctance to interfere...must never be permitted to jeapardize the welfare of the patient..."

Under further cross-examination Mr. Perry stated:

Witness: I am qualified to make a statement of the administrator's responsibility. I am not seeking to divorce my responsibility as a hospital administrator from the medical care of the patient. However, neither the hospital nor the administrator is licensed to practice medicine...

And still later.

Witness: I am familiar with the statement...that the governing board of the hospital is responsible for the proper care of the patient and the administrator, as a representative of the governing board, must assume this responsibility. Basically I agree with this.

In further defining the role of the administrator as responsible for the management of the hospital Mr. Perry said:

Witness: When we are speaking of a hospital, we are speaking of more than just bricks and mortar of the building; we include such things as the laboratory, the nursing staff, and the medical staff...

Let's take a moment now to review what has been revealed about the responsibilities of a hospital administrator. Which of the following would you now expect to fall within the responsibilities of a hospital administrator?

Check those that apply:

_____Management of operating room facilities.

_____Management of laboratory facilities.

_____Management of all personnel employed by the hospital, including nursing staff.

_____Financial management of hospital.

_____Management of individual patient cases.

Answers

20 Check your answers with those below:

__✓__ Management of operating room facilities.

__✓__ Management of laboratory facilities.

__✓__ Management of all personnel employed by the hospital, including nursing staff.

__✓__ Financial management of the hospital.

_____ Management of individual patient cases.

The administrator's management jurisdiction applies to all but management of individual patient cases; that is the specific realm of the doctor. Mr. Perry defined this relationship in his testimony:

> Witness: Is is not my duty, as administrator, to limit the practice of doctors within the field of their competency. It is my duty to see that the credentials and qualifications of that man are properly reviewed by an appropriate medical group and recommendation made through me to the (governing board) as to that man's competency. I am not a doctor.

□□□

Now we have reviewed the claims against the hospital and its defense. You can judge the claim against the physician and his defense from the case summary and your own medical knowledge.

So, what's your decision? Who should be held liable in the Darling case?

A. The attending physician only.

B. The community hospital only.

C. Both the attending physician and the community hospital.

D. No one.

Answers

A. The attending physician did accept some liability, though in fact settlement was made out of court. But you may not be surprised to discover that that's only half the story. See C for the court's decision.

B. The court found the hospital liable, but that's only half the story. See C for the court's decision.

C. Your decision agrees with the court. The physician accepted some liability, though settlement was made out of court. And in a rather momentous decision, the court found the hospital liable as well. The verdict against Charleston Memorial established a rethinking about the hospital's role. Before the Darling case voluntary hospitals could legally claim charitable immunity from liability. And while there have been other recent legal decisions in similar cases that have not found the hospital liable, it may be interesting to note that since the Darling decision in 1965 hospitals have suffered a tripling of malpractice rates.

D. Actually both the physician and the hospital were found liable. See C for the court's decision.

□□□

PART 2 · THE MEDICAL STAFF

22 The hospital's right to grant staff appointments and the physician's right to practice can come in conflict, as in the following case:

Beginning in 1967, Dr. Sosa submits to the administrator of Val Verde Memorial Hospital several applications for appointment to the medical staff. With each application to the Texas hospital there are a series of hearings ending in denial.

Sosa had originally been licensed to practice in Texas and Michigan. Between 1962 and 1967 he had established police records in both states--theft in Texas, larceny in Michigan. He pleaded guilty to both charges. His record had resulted in suspension of his license in Michigan and revocation in Texas which was stayed for a probationary period. By the time he first applied for appointment to Val Verde, charges in both states had been dismissed.

Sosa submits a final application in August 1969. As before, the administrator refers the matter to the medical staff. On August 22, the medical staff votes against sending the application to the Credentials Committee and recommends to the hospital's board of managers denial of Dr. Sosa's appointment. Dr. Sosa and his cousel are present at the board of managers' meeting at which the medical staff recommendation is to be considered. Dr. Sosa requests reconsideration by the medical staff on its decision. The request is granted. In mid-September Sosa presents his case before the medical staff; he blames his past record on a rough period in his life aggravated by an unhappy marriage. Since his divorce, he claims, he has had no further problems. He has also been a member of the medical staff of a private hospital in Texas, though it has recently been converted to a nursing home.

After a complete reconsideration of the case, the medical staff reconfirms its decision. The board of managers upholds the staff recommendation and votes to refuse appointment. Sosa brings suit against the board of managers of the hospital on October 22, 1969. (Sosa vs. Board of Managers of Val Verde Memorial Hospital.)

Well, what do you think? Should Sosa win his case or not? We'll ask you to decide after you take a closer look at the case.

In this suit, the case is specifically cited against the board of managers. The board of managers in this case is equivalent to Charleston Memorial's governing board. In fact, a board of managers, governing board, board of directors, governing body, or board of commissioners each has similar responsibilities. You know that Val Verde's board of managers is responsible for: 23

A. All functions of hospital operation.

B. Administrative and financial matters only.

C. Physician appointments and privileges only.

Answers

24 A. That's correct. Whether board of managers or governing board, the immediate governing body of the hospital has ultimate responsibility, legally and morally, for total operation of the hospital. Administration and appointments to staff are just two obligations that fall within the scope of its authority.

B. Administrative and financial matters are the responsibility of the board of managers, but its range of authority is broader. Review and select a better answer.

C. Physician appointments and privileges are within the authority of the board of managers, but those are not its only responsibilities. Review and select a better answer.

□□□

During the proceedings of the Sosa Case, no allegations were made concerning procedure. Both the plaintiff and the defendent had followed the usual procedures found in most hospital bylaws--Sosa in making application for appointment, the hospital in filtering it through its various channels. As the case summary points out, final approval or disapproval of appointments is made by the:

A. Medical staff.

B. Governing board.

C. Credentials committee.

Answers

A. Each time Sosa applied, the medical staff did vote on whether to recommend him for appointment, but it did not make the final decision. Review and select a better answer. 25

B. Correct. In the end, appointments are made by the governing body. At Val Verde Memorial, though the board of managers made the ultimate determination in the Sosa Case, its decision never differed from that of the medical staff recommendation.

C. The Credentials Committee does have the opportunity to vote on a recommendation for appointment, but it does not make the final decision. Review and select a better answer.

□□□

When denial of his application was recommended, Dr. Sosa requested a chance to have his case reconsidered. The usual procedure for appeal was followed, and here again, no allegations were made. Following the pattern stated in most medical staff bylaws, Sosa's first appeal was heard by:

A. The medical staff.

B. The governing body.

C. The courts.

Answers

26 A. That's right. Sosa asked the board of managers for reconsideration by the medical staff. The medical staff heard his appeal, but voted to reaffirm its previous decision.

B. Dr. Sosa asked Val Verde's board of managers for reconsideration, and they granted his request--but they did not hear his appeal. Review and select a better answer.

C. In the end Dr. Sosa did take his appeal to court, but the court did not hear his first appeal. Review and select a better answer.

□□□

By reaffirming its original decision, the medical staff denied Sosa's first appeal. But following the usual procedure, he appealed again. As the summary illustrates, when a first appeal is denied, a physician's only recourse is to:

A. Appeal directly to the governing body.

B. Appeal to the courts.

C. Seek appointment to another hospital.

Answers

A. The governing body does not usually hear appeals, but acts as final authority on the recommendations of the medical staff. Once denied by the staff, Sosa actually took his appeal elsewhere. Review and select a better answer. 27

B. That's just what Sosa did. His appeal was first heard by the medical staff and denied. Since the board of managers merely acts on the recommendations of the staff, once it decided to uphold the decision of the medical staff, Sosa brought suit against the hospital and took the case to court.

C. There was nothing to stop Dr. Sosa from applying to another hospital, but if he still wanted an appointment to the staff of Val Verde, there was another alternative. Review and select a better answer.

□□□

In his appeal, Dr. Sosa was seeking membership to the active medical staff of Val Verde Memorial. This is one of four usual categories of medical staff membership. See if you can match the type of medical staff listed below with the descriptions on the right:

1. Active staff _____	A. May admit occasional private patients.
2. Associate staff _____	B. Has major responsibility for delivery, organization, and quality control of medical care in hospital.
3. Courtesy staff _____	C. Specialists who have accepted appointment to offer services at request of member of active staff.
4. Consulting staff _____	D. Being considered for advancement to active staff.

Answers

28 Check your answers with the correct ones listed below.

1. Active staff B

   (Major responsibility for delivery, organization, and quality control of medical care in hospital.)

   Full voting rights and right to hold office.

2. Associate staff D

   (Being considered for advancement to active staff.)

   Limited voting rights--can't hold office. Otherwise similar to active staff.

3. Courtesy staff A

   (Admit occasional private patients.)

   May be appointed to associate on active staffs as vacancies occur.

4. Consulting staff C

   (Specialists who have accepted appointment to offer services at request of members of active staff.)

□□□

That should clarify some of the procedures used in making medical staff appointments--now to the actual proceedings.

Dr. Sosa built his case on the bylaws of Val Verde Memorial; they stated the following requirements for staff appointment:

An applicant must be (1) a graduate of a medical school approved by the AMA,

(2) licensed to practice in the State of Texas,

(3) a member of the county medical society, and

(4) practicing in the community or within reasonable distance of the hospital.

The plaintiff was (1) a graduate of an approved medical school,

(2) licensed to practice in the State of Texas,

(3) a member of the county medical society, and

(4) practicing in the community.

The board of managers and the medical staff of Val Verde claimed that in addition to the requirements defined in the bylaws, each felt it his responsibility to ascertain that each appointment to the staff be in the best interest of the hospital and the community.

Legal precedent in such cases tends to support the denial of appointments only on the basis of objective and reasonable criteria--criteria related to hospital operation and patient care as specifically spelled out in the bylaws. What was Sosa's claim? On what basis did he hold that his denial of appointment was invalid?

A. It was not based on objective and reasonable criteria.

B. He was a licensed physician.

C. He had paid his debt to society.

Answers

30 A. Precisely. If appointments are to be based on objective and reasonable criteria as stated in the bylaws, Sosa satisfied all four requirements in Val Verde's bylaws. This was the keystone of his appeal.

B. That Sosa was a licensed physician could only have worked in his favor; this was one of the criteria of Val Verde's bylaws that he clearly satisfied. But this was only part of his argument. He held that his denial was invalid for a broader reason. Review and select a better answer.

C. That Sosa paid his debt to society may have strengthened his case emotionally, though it had not moved Val Verde's bylaws upon which Sosa built his case. Review and select a better answer.

□□□

Okay, now that you've reviewed the case, put yourself on the jury. How would you decide?

A. The hospital should be entitled to refuse Sosa's appointment.

B. Dr. Sosa should be entitled to privileges on the courtesy staff only.

C. Dr. Sosa should be entitled to appointment on the active staff.

Answers

A. The court did not agree with you. See C for the court's decision.

B. The court went further than you. See C for the court's decision.

C. The court fully agreed with your decision. Sosa was entitled to full membership privileges. The court criticized the failure of the staff and the board of managers for not specifically setting forth the criteria of their decision. While their show of community responsibility may have been admirable, it was unfair to expect an applicant to satisfy unknown or unspecified qualifications. Sosa had satisfied all the objective requirements stated in the bylaws, and any other grounds were held unreasonable and unconstitutional.

□□□

The court further stated:

> With professional association and exampie in the Val Verde Memorial Hospital, Dr. Sosa may well prove to be, or become a physician the board and medical staff would really welcome. If not, ample procedures are set out in the bylaws whereby he may be rejected and denied reappointment, consistent with the principles set forth in this decision.

Assuming Val Verde was organized like most hospitals, Sosa's appointment would be valid for one year. But, even before the year is up, if circumstances warrant it, Val Verde's medical staff could suspend his privileges.

Generally speaking:

A. Appointments run until they are cancelled by the bylaws.

B. Appointments must be renewed annually.

C. Appointments are permanent.

Answers

32 A. Bylaws usually establish a definite time period for length of appointments. This provides a regular opportunity to review a physician's qualifications. Review and select a better answer.

B. Most appointments are for a period of a year--you're right. This provides the opportunity for regular review of a physician's qualifications.

C. Most hospital bylaws require reappointment on some basis. A permanent appointment would not provide for regular review of a physician's qualifications. Review and select a better answer.

□□□

Val Verde Memorial has what is called an "open" medical staff. A doctor may sometimes seek appointment to a hospital with a "closed" staff. Take this case for example:

> Two obstetricians whose practice is limited to obstetrics and gynecology have offices in Morristown and Danville, New Jersey. They are on the staff of three hospitals, one of which is All Souls in Morristown. When All Souls closes its obstetrical department, both physicians apply for staff privileges at Morristown Memorial. Both applications are denied; the hospital claims that under its present "closed" staff policy no new appointments will be made to the OB-GYN staff until there are an adequate number of beds in the department. The physicians subsequently bring suit against the hospital.
>
> In court, the obstetricians contend that the denial of privileges will mean financial loss to them and will deprive the public of their services. As a solution they suggest an "open" staff policy but a limit to maternity admissions geographically.
>
> The hospital states that during the last four years the OB-GYN department had an occupancy rate of over 70 percent. Since the closing of All Souls the rate has exceeded 80 percent. An expert witness testifies that occupancy over 80 percent is too much for a hospital to handle adequately. (Davis vs. Morristown Memorial Hospital 254, A 2d 125, N.J. 1969)

What would you expect the court to do?

A. Extend staff privileges to both obstetricians.

B. Deny staff privileges to both obstetricians.

Answers

A. Staff privileges were in fact denied. See B for the court's decision. 33

B. The court agreed--staff privileges were denied. The court held it did not have the power to order the hospital to implement the doctors' solution. On the basis of evidence presented, the court stated that the hospital did have an occupancy problem, and, therefore, the right to a "closed" staff in the obstetrical department. A "closed" staff is one in which membership is limited on some basis (such as at Morristown Memorial) other than generally accepted standards of competence. An "open" staff is limited only on the basis of competence.

□□□

34 So far you've seen two important legal implications of medical staff bylaws. In the Darling case, the bylaws' requirement for consultation in "problem" cases was cited. In the Sosa case, the requirements stated for staff appointments were the deciding factor. The bylaws also usually set forth methods of getting medical-surgical consent.

This matter of consent has some interesting legal angles, too. Take this case for example:

> A surgeon sees to it that his patient signs a consent form authorizing him to perform a minor operation under general anesthesia. The surgery will attempt to correct stiffness of the third finger of the patient's right hand. During the course of the operation, the surgeon finds that fascia is needed to sheathe the finger tendon. The physician makes an incision in the patient's thigh to obtain the fascia that is required. Suit is brought against the doctor. (Franklyn v. Peabody, 249 Mich. 363,228 N.W. 681, 1930)

The surgeon was found guilty of committing battery because the operation upon the patient's thigh, no matter how justificable, was unauthorized. According to legal definition, battery is unauthorized body contact. Just about every physician makes contact with his patients in both treatment and examination--in making diagnostic thumps, handling limbs, removing organs, and even giving X-rays. Any such action, even if performed in the patient's best interest but taken without his consent, is considered battery. Under what condition then is a physician subject to a legal charge of battery?

A. Whenever he causes physical damage to a patient due to examination or treatment without consent.

B. Whenever he performs an examination or provides treatment which involves physical contact without consent.

C. Whenever he provides treatment without consent.

D. Whenever he performs surgery without consent.

Answers

A. A physician is subject to legal charge of battery if he causes damage to a patient without consent, but legally, battery takes in more than just physical damage. Review and select a better answer.

B. That's correct. Legal charge of battery takes in any body contact without consent and includes both examination and treatment. There's more information on the subject below.

C. A physician is subject to legal charge of battery if he provides treatment without consent, but the definition takes in more. Review and select a better answer.

D. A physician is subject to legal charge of battery if he provides surgery without consent, but the definition takes in more. Review and select a better answer.

□□□

The general types of consent are listed below in the left-hand column. Drawing on your knowledge and logic, see if you can match them with their definitions on the right.

1. Express consent_____	A. Required for minors and incompetents except in emergency.
2. Consent implied by action_____	B. Type of consent which is considered automatic when person in need of immediate treatment is physically or mentally unable to agree to treatment.
3. Consent implied in emergency_____	C. Patient, parent, or guardian gives oral or written consent for treatment.
4. Consent of parent or guardian_____	D. Given with knowledge of nature of patient's condition, nature of proposed treatment, alternative treatment, risks or consequences, and chances of failure.
5. Informed consent_____	E. Patient acts in a manner that indicates agreement for a certain treatment (e.g., patient rolls up sleeve for an injection).

Answers

36 Check your answers with those below:

1. Express consent. C
2. Consent implied by action. E
3. Consent implied in emergency. B
4. Consent of parent or guardian. A
5. Informed consent. D

□□□

For information on which of the following matters would you turn to the medical staff bylaws? Check the areas you think are covered by the bylaws.

_____ Qualifications for medical staff membership.

_____ Consultation requirements.

_____ Hospital liability.

_____ Consent requirements.

_____ Responsibilities of the governing body.

_____ Delineation of privileges.

_____ Medical staff organization.

Answers

Your check list for medical staff bylaws should look like this: 37

- ✓ Qualifications for membership.
- ✓ Consultation requirements.
- ___ Hospital liability.
- ✓ Consent requirements.
- ___ Responsibilities of the governing body.
- ✓ Delineation of privileges.
- ✓ Medical staff organization.

"Hospital liability" and "responsibilities of governing body" would not be found in a hospital's bylaws for much the same reason--they relate specifically to functions of the hospital's governing body.

□□□

38 The bylaws help to organize and govern the medical staff, but there is also a medical staff leadership. A physician is usually in charge of the staff, and often there is more than one medical staff officer:

Medical director and/or chief of staff	A hospital official delegated the responsibility for organization and administration of the medical staff, he is usually chairman of the Executive Committee and appoints members of other committees.
President of staff	Elected by the staff, he represents the staff in the Executive and Joint Conference Committees; he chairs general staff meetings.

Now, which of the following would you say is true:

A. The medical director/chief of staff is responsible to the governing body. The president of staff is responsible to the medical staff.

B. The medical director/chief of staff is responsible to the staff. The president of staff is responsible to the governing body.

C. Both medical staff officers are first responsible to the staff.

D. Both medical staff officers are first responsible to the board.

Answers

A. You're right. In the medical staff hierachy, the medical director/chief of staff is primarily responsible to the governing body. His authority is delegated from the governing body and that is where his first responsibility lies. The president of staff, represents the staff and is, therefore, principally responsible to them. 39

B. The medical director/chief of staff does have some responsibility to the staff and the president of staff does have some responsibility to the governing body--but that is not where their primary responsibilities lie. Review and select a better answer.

C. Only one of the two officers is first responsible to the staff. Review and select a better answer.

D. Only one of the two officers is first responsible to the governing body. Review and select a better answer.

□□□

Admitting

40 How would you decide in this case?

While driving home from Mercer, Missouri, one night, Floyd Stanturf begins to feel like he's going to black out. In nearly zero weather, he pulls off the road. When he regains full consciousness, he realizes that he left his lights on and his battery is dead. He is forced to spend the night in his daughter's car. In the morning he hails a school bus which takes him to his daughter's home. She calls Dr. Oliver Duffy who determines that Stanturf's feet have been frozen and are in need of medical treatment. Dr. Duffy tries to get Stanturf admitted as an emergency patient to Wright Memorial Hospital, a voluntary hospital serving the community. The hospital will not admit him without an advance $25 fee which Stanturf doesn't have. Dr. Duffy tries to get Stanturf admitted as a charity patient, but only residents of the county are eligible.

Stanturf's son-in-law goes to Mr. Donald Sipes, administrator of the hospital, and offers to pay the $25 himself. Admission is still refused. Stanturf's daughter calls the county sheriff who in turn gets in touch with Sipes. She makes the same attempt with a local minister. On both occasions, the $25 is offered, but Mr. Sipes refuses to admit Stanturf.

Through the efforts of the local minister, Stanturf is admitted one week later to the University of Kansas Medical Center. After treatments appear unsuccessful, both Stanturf's feet are amputated. Subsequently he sues Wright Memorial Hospital in the name of its administrator. (Stanturf vs. Sipes, et al, 52891, S. Ct. Mo., 2nd Div., Dec. 1969)

Mr. Sipes testified to the effect that the $25 deposit was required from all patients not eligible as charity patients, as evidence that they would be paying patients and later be able to pay their bills. The hospital uses this technique to help reduce the number of "bad debts." Residency requirements for charity are common and so is a concern about minimizing bad debts.

What does this suggest about getting a patient admitted to a hospital? 41

A. A hospital generally admits only a specified number of charity patients, and all patients to be admitted over that quota must pay for all services.

B. A hospital generally requires information on a patient's financial status and intended method of payment before deciding whether to admit.

C. A hospital determines who it admits solely on the basis of ability to pay. Those that cannot pay must be refused.

Answers

42 A. At Wright Memorial Hospital, only a patient from within the county could be considered as a charity case. Stanturf was not refused such admission because of the number of charity cases that could be taken, but because he was a nonresident of the county. Review and select a better answer.

B. That's right. Advice regarding method of payment, financial status, and/or specific insurance coverage is one kind of information that an admitting service requires before a patient can be admitted. This is necessary so that the hospital can verify the patient's coverages, determine the amount of deposit, or the appropriateness of his admission.

C. Wright Memorial's $25 deposit suggests something about a patient's ability to pay for services, but that isn't the sole basis for who gets admitted and refused. After all, the case implies that a county resident can seek admittance as a charity case. Review and select a better answer.

□□□

For just a moment, let's look a little more deeply into the admitting office's needs regarding a patient's method of payment. Stanturf was not insured. But, suppose you were treating a patient who was. Suppose you asked your patient how he wished to pay for his hospitalization and he said he had hospitalization insurance. Before admitting him, the hospital would want to verify that his policy is in force and covers the illness for which he is to be admitted. For this, admitting will need both the name of the insured and

A. A deposit.

B. An admitting diagnosis.

Answers

A. If the patient has insurance coverage there should be no need for a deposit, but if he is not covered for the services for which he's admitted, that's another story. The only way the admitting office can verify this is by the physician's admitting diagnosis. Admitting diagnosis is considered basic information before admitting a patient. A hospital must have this in order to make a room assignment to the appropriate hospital service.

B. That's right. Admitting diagnosis is considered basic information before admitting a patient. A hospital must have this for the purpose of verification of insurance coverage and to make a room assignment to the appropriate hospital service.

□□□

Sipes defended his refusal to admit Stanturf by pointing out that the $25 deposit requirement is established hospital policy. Most hospitals have written admissions' policies. In a well-known Alabama case a hospital turned away a child suffering from diptheria because the hospital did not accept patients with contagious diseases. Soon after, the child died and the hospital was not found liable. The court said that based on its policy, not to accept patients with contagious diseases, the hospital had no duty to accept the patient.

In the Stanturf v. Sipes case, the hospital was held not liable by the trial court on just that basis. The court stated that "there is no genuine issue of material fact, and defendants are entitled to judgment as a matter of law." There was no trial. This case illustrates another point which is:

A. The administrator has final authority within the hospital regarding who is admitted and who is not.

B. The medical director/chief of staff has final authority within the hospital regarding who is admitted and who is not.

C. The county sheriff can override the authority of a hospital regarding admissions.

D. The clergy can see to it that a patient is admitted as a charity case.

Answers

44 A. You're right. The physician had to go to the administrator with each of his pleas. Admission and discharge of patients is one aspect of patient care that falls within the administrator's responsibilities as delegated by the governing board.

B. If a physician were abusing his privilege of admitting emergency patients, the medical director/chief of staff might intercede. In this case, though, there was no abuse of privilege, and even if there had been the medical director/chief of staff still would not have the final word. Review and select a better answer.

C. Actually, the sheriff was of very little help to the plaintiff. At the request of the patient's daughter, the county sheriff tried to intercede but was unsuccessful. Review and select a better answer.

D. Actually, the clergy was of very little help at Wright Memorial, though a local minister was instrumental in getting Stanturf into the University of Kansas facility. And as far as charity is concerned, the minister could be of no help because of the residency requirement. Review and select a better answer.

□□□

Even though an administrator has final authority within the hospital regarding admissions, he can still be judged as having exercised his authority wrongly. The plaintiff in the Stanturf v. Sipes case appealed the decision to the Missouri State Supreme Court on the basis of the following factors:

.The $25 was offered, though not by Stanturf himself.

.Wright Memorial Hospital was the only hospital in the immediate area maintaining an emergency service.

.Dr. Duffy applied for an emergency admission of Stanturf and had reason to expect such admission once the $25 was offered.

.Stanturf's condition was worsened by the delay caused by Duffy's reasonable expectation that his patient would be admitted.

If you were on the Supreme Court, how would you vote?

A. In favor of the plaintiff, Stanturf, and reverse the lower court decision.

B. In favor of the defendant, Sipes, and uphold the lower court decision.

Answers

46 A. The court agreed with you and did just that. The court stated that it reversed the decision mainly because there had been no trial, and the case was not sufficiently clear-cut to allow such a decision without trial.

B. The court reversed the lower court decision. See A.

□□□

There are two types of hospital admissions. In the Stanturf v. Sipes Case, the patient was seeking emergency admission. Type of admission is again at issue in the following case, as you will see.

During May, 1968, Mrs. Amelia Forticq, age 81, begins feeling pains in her right leg. She consults and is treated by two doctors during the month. The pain continues. Finally the second physician, Dr. Lloyd Eyrich, recommends she be sent to a hospital to determine further treatment. An application is made for admittance at Southern Baptist Hospital when a bed is available. After nine days, Mrs. Forticq is admitted. At the time of admittance, Mrs. Forticq is aware that Southern Baptist is not participating in the Medicare program. Her first group of X-rays at the hospital shows nothing, but more extensive X-rays are taken becasue of her extreme pain. This time X-rays in the area of the knee show that the bone has been practically eaten away by cancer. While further X-rays are being taken, the bone breaks. Consideration is given to transferring her to a hospital participating in the Medicare program, but the doctors feel she cannot be moved. Surgery is performed and three days later Mrs. Forticq dies without ever having left Southern Baptist Hospital. Soon after, her son-in-law seeks Medicare compensation for emergency services. (Pierce D. Carey v. Finch, U.S. Dist. Ct., E.D. Louisiana, Cir. 70-75, July 1970)

Mrs. Forticq's physician sought:

A. Medicare admission.

B. Emergency admission.

C. Scheduled admission.

Answers

A. Mrs. Forticq may have been eligible for Medicare, but the case specifies that Southern Baptist Hospital did not participate in the Medicare program. Review and select a better answer. 47

B. Mrs. Forticq's case became special once she was admitted to Southern Baptist, but when she applied for admittance the doctor had not diagnosed anything special. The case states that she sought admittance when there was a bed available. Review and select a better answer.

C. Precisely. In an emergency, the patient is admitted on a priority basis. In a scheduled admission, like Mrs. Forticq's, a reservation is made and a room is assigned when a bed is available.

□□□

Incidentally, there is another matter a physician should be aware of in timing admissions. Several hospital personnel are required to admit a patient, e.g., clerks in the admitting office, nursing staff to escort the patient and get him settled in his room, house staff to work-up the patient, and dietary staff to check on food requirements. All this takes time. Furthermore, hospitals operate 24 hours a day but there are fewer people on duty at night.

In general then, what is the best time to admit a patient?

A. At night.

B. Late in the day.

C. Early in the day.

Answers

48 A. Night time admitting may be less hectic for the physician but not for the understaffed admitting department. There is more activity on the day shift, because a full staff is on hand to process admissions. Review and select another answer.

B. Emergency admissions can back up procedures so that late in the day the situation may be pretty hectic. Review and select another answer.

C. Right. Whenever possible, the doctor is likely to get better and faster treatment for his patients by admitting and discharging them early in the day. Emergency admissions can back up procedures so that late in the day the situation may be pretty hectic. At night there are too few personnel on duty to handle heavy traffic.

□□□

As Mrs. Forticq's nine-day wait illustrates, hospital rooms are in demand and shouldn't have to stand empty any longer than necessary. However, it takes time and staff to process a discharge and to prepare a room for a new patient.

Physicians help by trying to discharge patients:

A. At night.

B. Late in the day.

C. Early in the day.

Answers

A. The same processing headaches occur with discharge and admitting. There are just too few personnel on the night shift to handle heavy traffic. Review and select another answer. 49

B. Discharging a patient involves the same processing headaches as admitting. It is impossible to predict how many emergency cases may come in during the day. By late afternoon processing is liable to be backed-up. Review and select another answer.

C. Early in the day is correct. Discharging a patient involves the same processing tie-ups as admitting. A physician is likely to get the most efficient service for his patients by discharging them as early in the day as possible.

□□□

Let's get back to the Forticq case. Mrs. Forticq's son-in-law made a claim for emergency care payments even though Mrs. Forticq was admitted to Southern Baptist Hospital as a scheduled patient. Her condition certainly became emergent, but this did not become known until some time after her admission. Mrs. Forticq's doctor had not considered her situation dangerous. In fact, he permitted her to wait nine days before admission for diagnostic tests. And his written assessment of Mrs. Forticq's condition upon admission says nothing about an emergency.

The U.S. Department of Health, Education, and Welfare (HEW) has defined emergency care as:

> "...based on the physician's assessment of the patient prior to admission to the hospital. Therefore, conditions developing after a nonemergent admission are not considered emergency services..."

So, the case pivots on:

A. The physician's final diagnosis.

B. The physician's specification of diagnostic tests.

C. The physician's admitting diagnosis.

Answers

50 A. The physician's final diagnosis is certainly vital, but based on the emergency care statute you just read, it isn't the controversial issue. Review and select another answer.

B. Diagnostic tests might have been specified for Mrs. Forticq at the time of admission; based on the emergency care statute you just read, they weren't part of the issue in dispute. Review and select another answer.

C. That's right. We mentioned earlier that the admitting diagnosis is considered basic information before admitting a patient. Based on the emergency care statute you just read, Amelia Forticq's admitting diagnosis became the controversial issue in the case.

□□□

Mrs. Forticq's son-in-law, emphasized that the cancer that caused his mother-in-law's death did not suddenly "develop" after she was admitted but must have existed sometime before. Therefore, he held her condition was, in fact, an emergency at the time she was admitted.

With the facts you have, how would you decide the case?

A. Mrs. Forticq's son-in-law should recover the benefits for expenses incurred.

B. The claim should be denied.

Answers

A. The appeals board that decided the case didn't agree with you. See B. 51

B. The appeals board agreed with you. At first a hearing examiner had recommended that the claim be allowed. He had decided that there was sufficient evidence to indicate that an emergency situation had indeed existed from the time of Amelia Fortiq's admittance. The HEW Appeals Council, however, reversed this decision on the basis of the emergency care statute. Based on her physician's diagnosis, Mrs. Forticq's hospitalization was not for emergency services.

□□□

Mrs. Forticq's case is an exception in one respect. Patient care expenses are reimbursed by one of a number of insurers (third-party payers) such as Medicare, Medicaid, and private insurance organizations. In fact, of the approximately $32.5 billion paid for hospital care in 1972, about $29.5 billion was covered by third-party payers. In other words:

A. Third-party payers finance 91 percent of hospital care.

B. Most people still pay their hospital bills out of their own pockets.

C. Medicare finances the bulk of hospital care.

Answers

52 A. That's right. Based on those figures, you can say that third party payers finance more than 91 percent of total hospital care.

B. Some patient care expenses are still paid out of pocket but, based on those 1972 figures, it is a fairly small percentage. Review and select another answer.

C. As a matter of fact, Medicare finances considerably less than half of hospital expenses. The largest amount or bulk is paid by the various group health and medical plans. Review and choose a more accurate answer.

□□□

Mrs. Forticq's son-in-law was seeking reimbursement from Medicare, a health insurance program for the aged financed through Social Security. Medicaid is health assistance for low-income groups financed by Federal and State governments. Not all States participate, so the details vary from State to State. Blue Cross is a voluntary health insurance program.

Generally, all these third party payers face the same problem--the erractic cost of care. If you were to perform an appendectomy at Massachusetts General Hospital, the total hospital cost would be far greater than if you were to perform the same operation at Lakeland Hospital in Minocqua, Wisconsin. The difference in the costs of manpower and equipment in these two hospitals is, as you might imagine, very great. To compensate for this imbalance, how would you expect most third party payers to reimburse hospital care? The fairest way would be to reimburse on the basis of:

A. Standard fees, nationwide.

B. Costs incurred.

Answers

A. A standard fee would probably be more than fair reimbursement for the patient at Lakeland Hospital, but for the patient at Massachusetts General the same fee might be below the actual cost of care. Choice B is certainly more equitable. To combat these erratic differences in care, third party payers generally reimburse on the basis of costs incurred.

B. Correct. Reimbursement on the basis of costs incurred is the most equitable. That way the patient at Massachusetts General and the patient at Lakeland Hospital are covered for the actual cost of care.

□□□

The fact that insurers cover over 80 percent of hospital costs gives them a great interest in the efficient operation of hospitals. Their analysis of costs have revealed that payroll accounts for over two-thirds of a hospital's total operating expenses. With that in mind, about what percentage of the cost of hospital operation would you guess they found to be under the control of its physicians?

A. 30 percent.

B. 50 percent.

C. 70 percent.

Answers

54

A. The physician has much more control than you think. Review and select another answer.

B. There's more under physician control than you think. Review and select another answer.

C. That's correct. Among other things he orders tests, charts directions for the staff, consumes materials, and prescribes treatments and medications. Seventy percent of the cost of operation is at the direction of the physician. As you can see, what the physician does greatly influences health insurance rates.

□□□

Medical Records

Next is a case involving a physician, John R. Pratt, and the Board of Trustees of Memorial Hospital of Sheridan County, Wyoming. It relates to the physician's role in keeping medical records. Before you find out the specifics in Dr. Pratt's case, take a look at the hospital's bylaws that are in controversy: 55

(From the adopted medical staff rules of Memorial Hospital of Sheridan County, approved by the Board of Trustees, August 12, 1949)

7. The Attending Physician shall be held responsible for the Preparation of a Complete Medical Record for Each Patient. This record shall include complete identification; date; complaint; personal history; family history; history of present illness; physical examination; special reports such as consultation, clinical laboratory, X-ray and others; provisional diagnosis; medical or surgical treatment; pathological findings; progress notes; final diagnosis; condition on discharge; followup; and autopsy report when available.

The regulations for medical records at Memorial Hospital are much like those at most other hospitals. What basic requirement of a medical record does the following statements suggest to you?

A. A medical record must contain sufficient objective information to justify diagnosis, treatment, and end result.

B. A medical record must be approved by the board of trustees of the hospital before it can be adopted.

C. A medical record must document only the treatment provided during a patient's current admission.

Answers

56 A. That's right. Memorial Hospital's requirements may differ from those of other hospitals, but they're all formulated on the same basis--the need for sufficient objective information to justify diagnosis, treatment, and end result.

B. The regulations for medical records as part of the hospital's bylaws would have to be approved by the board of trustees, but the actual medical records are not judged by the board. If medical records are in question, there is usually a committee of physicians (medical record or record room committee) to decide whether they conform with requirements. Review and select another answer.

C. By necessity, a patient's medical record will document more than just treatment during his current admission. If the patient is seen by someone other than the attending physician, past and current patient history would be vital. Review and select a better answer.

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By the time a patient is admitted to the hospital, the medical record department has already received some of this information from admitting. Based on Memorial Hospital's list in bylaw No. 7, what specifics do you imagine they get from the admitting office?

A. Method of payment, financial status, and/or specific insurance coverage.

B. Correct full name, current address, and information regarding past admissions.

C. Medical or surgical treatment and pathological findings.

Answers

A. Hospital admitting would certainly have information regarding method of payment and financial status, but those items would be transferred to the business office rather than to medical records. Review and choose another answer. 57

B. Right. Basic identification like correct name, current address, and information concerning past admissions would be transferred from admitting to become part of a patient's medical record. Having this information early will facilitate locating the patient for preadmission advice and/or locating any past medical record.

C. Medical or surgical treatment and pathological findings are not the kinds of information that hospital admitting would have access to. If the information is old, it would be found in past medical records. If it is for current treatment, the findings will not yet be known. Review and select another alternative.

□□□

The other bylaws under fire in the case of Memorial Hospital of Sheridan County vs. Pratt are:

8. A complete history and physical examination shall, in all cases, be written within 24 hours after admission.

17. Patients shall be discharged only on written order of the attending physician. At the time of discharge, the attending physician shall see that the record is complete, state his final diagnosis, and sign the record. Records must be completed within one week after the dismissal of the patient.

Most hospitals have similar regulations. There are two basic requirements reflected here. Medical records must be kept up-to-date and all entries regarding medical data such as diagnosis, history, physical examination, treatment orders, and surgical procedures must be made and signed by someone licensed to make medical judgments and prescribe treatment. Which of the following more simply states the latter requirement?

A. Entries regarding medical data can be made by a member of the nursing staff but must be signed by a licensed physician.

B. Entries regarding medical data can be made by a member of the nursing staff on the orders of a licensed physician.

C. All entries regarding medical data must be made by a member of the house or medical staff and signed by a licensed physician.

Answers

58 A. A physician may possibly wish to dictate medical data to a nurse, but the nurse does not have the authority to make or verify such entries. Review and choose a better answer.

B. A physician may possibly wish to dictate medical data to a nurse, but the nurse does not have the authority to make or verify such entries. Review and choose a better answer.

C. That's right. Although Memorial Hospital's requirements may not jibe word for word with those of other hospitals, as a basic requirement in all hospitals medical data must be entered or dictated by a member of the medical or house staff and signed by a licensed physician.

□□□

Now, to continue with Dr. Pratt's case.

It apears that during 1951, Dr. Pratt submits a very large number of improper medical record reports. In January 1952, exactly 65 of these reports are delinquent. In their December (1951) meeting, the Chairman of the Credentials Committee has recommended to the Board of Trustees that Dr. Pratt not be reappointed as a member of the medical staff unless his records be properly brought up to date. The Board agrees with the recommendation, and in January (1952) refuses Pratt's reappointment for the coming year. The Board grants Dr. Pratt a hearing with counsel, but reaffirms its action. Declaring that the stipulations for medical records are unreasonable, Dr. Pratt takes the case to court. (BOARD OF TRUSTEES OF MEMORIAL HOSPITAL OF SHERIDAN COUNTY V. PRATT, SUP. CT. WYOMING, OCTOBER 27, 1953.)

Pratt claimed no objection to filling out record forms but did object to filling them out in a "prescribed, stereotyped manner." He found the need to complete a patient's current history within 24 hours after admission to be particularly unreasonable. What's your opinion?

A. A 24-hour limit is reasonable considering that other physicians may need to be called to consult on the patient.

B. A 24-hour limit is reasonable considering the need for some standard, if operations are to be efficient.

C. A 24-hour limit is unreasonable.

Answers

A. Exactly. Other doctors seeing the patient should have absolutely current information. So the time limitations are not just arbitrary specifications. 59

B. Establishing a 24-hour time limit is certainly a way of standardizing medical record practices. But these requirements aren't reached arbitrarily just to haze the physician. There's a better reason. Review and choose another alternative.

C. Imposing time requirements to ensure that records are kept current might be unusually taxing, but think about this: You admit a patient with a complicated history, so you decide to let the record wait until you have more time. Thirty-six hours later your patient is found unconscious and you cannot be located. There is no record of history and physical examination for the house staff to consult. Review and select a better answer.

□□□

How would you rule in Dr. Pratt's case?

A. The board has no right to suspend his admitting privileges.

B. The board must extend the 24-hour time limit to some more reasonable figure.

C. The board has the right to suspend his admitting privileges.

Answers

60 A. The court didn't agree with your decision. Try again.

B. The court didn't agree with your decision. Try again.

C. The court agreed with your decision. It recognized that when a physician applies for membership to a medical staff he agrees to abide by its rules and regulations. If he does not live up to the agreement, the board has the right to take action. The court agreed with the board's suspension of Pratt, though it granted him an extension to bring his records up to date.

□□□

Memorial Hospital's regulations for completing records were meant specifically to satisfy the medical needs of the hospital, but, as the only medical account of a patient's stay the completed record should satisfy the needs of other authorized groups. As you will see later, medical records can be subpoenaed for use as legal evidence in court. What other frequent need, which is in the interest of patient, do you think medical records might serve?

A. Source of information for press, radio, and television.

B. Information for security check by prospective employer.

C. Verification of information for third party payers.

Answers

A. Giving information to the press may frequently be against the interest of the patient. Because release of medical information can be a severe invasion of privacy, hospital's face great legal risks in disclosing anything from medical records without the patient's consent. Review and choose another answer.

B. Confidential medical information requested by an employer may frequently be against the interest of the patient. Hospitals face great legal risk in disclosing anything from medical records without a patient's consent. Review and choose another answer.

C. That's right. Third party payers need the information on a patient's record for verification before reimbursement. This is certainly in the patient's interest. To avoid any legal hassle, the hospital in about all cases will require the patient's consent before it will release any information from medical records.

□□□

62 The case of Charles Joseph vs. W.H. Groves Latter Day Saints Hospital has less to do with when medical records should be completed than how record entries should be stated.

The facts leading up to the case are brief:

> Ten days after surgery for removal of a tumor, Mrs. Lucille Joseph dies in Latter Day Saints Hospital of a "lower nephron nephrosis." Her husband brings action against the hospital. Joseph alleges that through the hospital's negligence his wife had received a transfusion of incompatible blood which brought on the kidney infection and ultimately her death.

In court, the case became a legal hassle with one appeal after another. What is significant, however, is the issue of the admissibility of Mrs. Joseph's medical records as evidence. Controversy arose over entries made by two doctors, V.L. Rees and Kenneth A. Crockett, who had been called into consultation regarding Mrs. Joseph's treatment. The entries in question were these:

> "Pelvic Laparoling 4-453 followed almost immediately by a chill and dark urine ***." Signed "V.L. Rees"
>
> and
>
> "This is undoubtedly a Lower Nephrone Syndrome from hemolitic blood transfusion ***." Signed "KAC"

What factor do you think brought up the question of admissibility?

A. Neither entry has been made by the patient's attending physician.

B. The V.L. Rees entry is the physician's subjective conclusion and not a factual statement.

C. The KAC entry is the physician's subjective conclusion and not a factual statement.

Answers

A. Neither entry has been made by the attending physician, but that doesn't make the entries unsatisfactory as evidence. Both Rees and Crockett were licensed physicians called to consult. Review and choose another answer.

B. The Rees entry doesn't really state opinion or conclusion. It merely states experimental evidence: "chill and dark urine." Since there is no statement of opinion, it should be considered admissible evidence. Review and select another alternative.

C. Right. The KAC entry is Crockett's conclusion, not a factual statement. Because medical records can be subpoenaed as evidence of malpractice or as part of an insurance claim, objective entries are a necessity. In general, the record will take legal precedence over memory of what occurred, and incomplete or subjective entries will be considered inadequate legal evidence. Groves vs. Latter Day Saints Hospital involved other issues, but you may be interested to know that the issue of admissibility warranted an appeal and ultimately a new trial.

□□□

Whether a medical record entry is an objective record of what happened depends on the wording. In each of the following pairs of statements, which phrase is the more objective? Circle letter A or B in each group.

1. A. Patient admitted that...

   B. Patient stated that...

2. A. Patient did not respond...

   B. Patient was too drunk to respond...

3. A. Patient said that he fell...

   B. Patient fell from ladder...

Answers

64 The correct answers are listed below:

1. B. "Patient stated that." (The physician is opening himself to a lot of intrepretation by using the word "admitted" as part of an entry--especially when you consider how it could be construed in court. There is certainly less subjectivity in using "stated.")

2. A. "Patient did not respond." (Saying that the patient "did not respond" is stating a clinical fact. That's an objective entry. To say that the patient "was too drunk to respond" is a personal conclusion and not medically or legally factual.)

3. B. "Patient said that he fell." (As the saying goes "Were you there, Charlie?"... Unless the physician was present at the accident, he can only report what the patient said.)

□□□

You can phrase a medical record entry objectively, and it will still be incomplete. For instance "fracture of left hip" would be considered incomplete, whereas "intertrochanteric fracture of left femur" would be complete. Try the following example:

1. Give 3.0 cc lanoxin orally today for 1 dose only.

2. Give 3.0 cc lanoxin today for 1 dose only.

A. Entry No. 1 is incomplete.

B. Entry No. 2 is incomplete.

C. Neither entry is incomplete.

Answers

A. There are other factors that you might include in the order, but No. 1 can stand on its own as stated. There is no question about what, how much, or how it should be administered. Entry No. 2 makes no reference to how the drug should be administered (orally). As such, it is incomplete. Including how a particular medication should be administered may not always be necessary, but in this instance it is critical. 65

B. That's right. Entry No. 2 is incomplete. It doesn't tell how the dosage should be administered (orally). Entry No. 1 contains this information, making it complete. The addition of how a specific dosage should be administered may not always be necessary, but in this instance it is critical.

C. 3.0 cc of lanoxin can be fatal if injected into muscle or vein. In light of this, one of the entries must be incomplete. Review and make another selection.

□□□

Nursing Services

66 One of the entries you just saw was taken from an order sheet from the pediatric nursing station at Baton Rouge General Hospital. The actual order made on January 2, 1960, looked very much like this:

Though you know that Dr. Stotler's entry was incomplete, the form is otherwise typical of most nursing orders. Which of the following statements do you think is valid?

A. All dosage amounts in nursing orders must be expressed in "cc."

B. Reference to any medication on the medical record must use generic nomenclature.

C. Nursing orders must be written and signed by the attending physician.

Answers

A. Dosage amounts are not always expressed as cc. Often, depending on the form of the medication, they may be expressed as grains, milligrams, and the like. Review and choose a more accurate answer. 67

B. Complete generic nomenclature need not appear with each reference to a specific medication. In the above entry, for example, lanoxin is the trade name of the drug. Review and choose another answer.

C. That's right. Nursing orders are similar to other medical record entries. Specifically, they must be written and signed by the patient's attending physician.

□□□

68 Dr. Stotler's entry on that January 2 order sheet was part of a complete case which involved not only the physician's liability for negligence, but the nurse's as well. Here's the story:

Robyn Bernice Norton is taken to her pediatrician, Dr. Charles Bombet, about two months after birth. Bombet detects loud heart murmurs indicating congenital heart disease. Dr. John B. Stotler, Cardiologist, and Dr. Charles Beskin, specialist in heart surgery, are called in to consult by Bombet. Concurring on the diagnosis, the three doctors recommend corrective surgery. For additional examination Dr. Stotler has the child admitted to Baton Rouge General Hospital, December 15, 1959. To increase the efficiency and strength of the child's heart, he prescribes Elixir Pediatric Lanoxin. The first few doses are administered by the nursing staff. Afterwards the mother, (Mrs. Norton) administers the drug. On December 16, the child is discharged from the hospital to await surgery.

On December 28, the child's condition deteriorates, and Dr. Bombet has the child readmitted to the hospital. Included in the admitting orders is the notation that the special medication (lanoxin) is being administered by the mother.

On January 2, 1960, Dr. Stotler examines the child on rounds and concludes that the daily dosage of lanoxin be increased. He instructs Mrs. Norton to increase the dosage and proceeds to enter on the Doctor's Order Sheet at the pediatric nursing station: "Give 3.0 cc's lanoxin today for 1 dose only."

Mrs. Florence Evans, a registered nurse on duty, notes Dr. Stotler's order on the sheet. The only registered nurse on duty in the pediatrics ward is a Miss Sipes. Mrs. Evans asks Miss Sipes if the drug has been administered, but Miss Sipes can find nothing on the chart to indicate that the drug has been given. Mrs. Evans does stop Dr. Beskin, one of the doctors on the case, and asks if Stotler really means 3 cc's as prescribed. She thinks it a bit high. Beskin says that although a maximum dosage, if Stotler prescribed that amount, she can give it. She also questions another physician in passing, who concurs. Satisfied, she administers the drug in its injectible form rather than the elixir form Dr. Stotler has intended. The child has, of course, already received one dose from the mother. Mrs. Evans' injection, therefore, is lethal. Despite all emergency measures including open heart message the infant dies about an hour and a quarter after the injection.

Subsequently, the child's parents bring legal action to recover damages. The defendants are Argonaut Insurance Company, liability insurer of Baton Rouge General Hospital; Mrs. Florence Evans, the R.N. who administered the fatal dose; and Aetna Casualty & Surety

Co., liability insurer of Dr. John B. Stotler, attending physician who issued the order. (Glynace H. Norton et al v. Argonaut Insurance Company et al No. 5601, Ct. Appeal Louisiana, First Circuit, June 29, 1962.)

Before you draw any conclusions, take a closer look at the actual proceedings.

On the stand, Florence Evans, R.N., reconstructed her position and authority the day of the mishap. The head nurse of the pediatric unit was Miss Joan Walsh, R.N. But that day was her day off. Miss Barbara Sipes, R.N., was then in charge of the pediatric unit. She was assisted by a nurses' aide. Florence Evans, Assistant Director of Nursing Service, was senior nurse on duty in the hospital at the time. Though most of her responsibilities were supervisory, the hospital required that she assist nurses on duty in routine service.

While making a routine tour of the pediatric ward, Miss Evans found Miss Sipes busy with an emergency case and no other registered nurse on duty. She sent for a senior student nurse to assist her and remained on the unit herself.

Which of the following best represents the hierarchy within nursing service implied by this testimony?

A. 1. Head (or charge) nurse.
   2. Director of nursing service.
   3. Registered nurse on duty.
   4. Nurses' aide.

B. 1. Director of nursing service.
   2. Head (or charge) nurse.
   3. Registered nurse on duty.
   4. Nurses' aide.

C. 1. Registered nurse on duty.
   2. Head (or charge) nurse.
   3. Nurses' aide.
   4. Director of nursing service.

Answers

70 A. Florence Evans may have gone to the nurse in charge of pediatrics for information, but as assistant director of nursing service Nurse Evans had more authority. Choose another answer.

B. That's right. In the Norton case, Florence Evans was assistant director of nursing service. The director has overall responsibility for nursing in the hospital and reports to the administrator. Next on the ladder was head nurse, in this case, head of pediatrics. The head nurse supervises one nursing unit. A registered nurse would be next in authority; an R.N. is a professional nurse with direct responsibility for patients. All higher level nurses are also R.N.'s. Last mentioned in the hierachy was a nurses' aide; as a nonprofessional, she performs routine tasks to assure patient comfort such as feeding, bathing, and escorting patients.

C. The head (or charge) nurse is also a registered nurse, and she has more authority than an R.N. on duty. "Head" indicates that she has additional supervisory responsibilities. Choose another answer.

□□□

So, Mrs. Evans was not exceeding her authority as far as the nursing hierarchy is concerned when she administered the medication. However, she also testified that ordinarily most of her duties were supervisory. Because of her limited patient care experience in recent years, she had been unaware that lanoxin was available in an oral form.

Mrs. Evans followed Dr. Stotler's orders as written: "Give 3.0 cc's lanoxin today for one dose only. This medication was already given orally by the child's mother at the doctor's direction. Dr. Stotler's order was incomplete in two respects. He had not recorded that the mother was to give the medication, and he had not specified the route of administration.

Mrs. Evans, as a professional nurse, knew the dose was peculiarly high for an injection for a three-month old child. She questioned two consulting physicians, both of whom, on the limited information she gave, told her to do what Dr. Stotler ordered. She did not question Dr. Stotler himself on the accuracy of his order.

The plaintiff held the physician liable because:

.He did not chart the fact that the mother was giving the medication.

.He did not specify oral route of administration of the lanoxin.

The physician contended that:

.The form of his medication order was written according to the custom and practice in the community.

.Although a double oral dose would have made the infant ill, it probably would not have been lethal.

The plaintiff held the nurse liable because:

.It is the custom and practice for a nurse who is uncertain about a physician's order to question the physician directly.

.A registered nurse should be expected to know that such a dose of lanoxin injected would be lethal.

Whereas the nurse contended:

.She followed Dr. Stotler's orders as written.

How would you find the defendants?

A. Neither Dr. Stotler nor Mrs. Evans was negligent.

B. Dr. Stotler only was negligent.

C. Mrs. Evans only was negligent.

D. Both Dr. Stotler and Mrs. Evans were negligent.

Answers

72 A. This was not the verdict of either court. Try again.

B. The District Court and the Court of Appeals don't agree with you. Try again.

C. Your opinion differs from the District Court and the Court of Appeals. Try again.

D. Both the District Court and the Court of Appeals agree with your decision. Both Stotler and Mrs. Evans were found negligent, and judgment was rendered for the parents. The basis for their decision follows.

□□□

The Court of Appeals stated that it was Stotler's obligation to specify the form of dosage to prevent duplication and to make communication clear between him and those carrying out his orders. Even his colleagues implied that he should have indicated oral dosage. It was Mrs. Evans' duty, on the other hand, to question Dr. Stotler when his orders were in doubt. Mrs. Evans was held personally liable for following Dr. Stotler's orders as written. The Court also maintained that she was negligent in administering a drug with which she was not familiar.

What does the case of Nurse Evans suggest to you about a nurse's legal liability?

A. If a nurse has doubts regarding a physician's recommended dosage, it is her right and duty to change it.

B. A nurse is expected to execute a physician's orders without question and can be held liable for failure to do so.

C. It is the legal obligation of a nurse to question a physician directly about his order if she has any doubts about it.

Answers

A. A nurse should certainly have complete knowledge about any drug she is administering, but she does not have the right to change a physician's order on her own. Her legal liability lies elsewhere. Select another answer. 73

B. A nurse is expected to carry out a physician's orders, but she is not legally liable to execute them without question. There are times when it is her right and duty to question an order. Choose another answer.

C. Absolutely right. It was Mrs. Evans' right and duty to question Dr. Stotler regarding his order once she had any doubt in her mind.

□□□

In other cases, the courts have ruled that a nurse can be held personally liable if she:

> "1) fails to follow the doctor's order because of faulty judgment; 2) follows the doctor's order but should have made an independent judgment not to; 3) fails to take proper precautions when an improper order has been written; or 4) fails to report medical treatment to higher medical and administrative authority when, in the exercise of independent judgment, she knows it to be improper."*

A nurse also has legal limitations on the procedures she may perform.

A registered (professional) nurse is not permitted to practice medicine--that is, to carry out functions requiring a physician's medical judgment or expertise. Even if a physician orders a nurse to, for example, perform a vaginal examination before delivery, or regulate a diabetic's dosage, she must refuse to follow his order or risk suit.

A licensed practical nurse (L.P.N.) is a nonprofessional nurse licensed to perform limited patient care functions. There are even more legal limitations on the procedures this nurse may perform.

According to the State of Washington Nursing Practice Act in 1966 only an R.N. could give innoculations. According to the New York State Nursing Practice Act in 1966 either an R.N. or an L.P.N. could give innoculations.

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*Kinkela, Gabrielle G. and Robert V., "Hospital Nurses and Tort Liability"

74 This case took place in 1966:

A mother brings her child in for a polio booster shot. There are many patients waiting to see the doctor, so the nurse, Mrs. Reinking, L.P.N., proceeds to give the injection. While she is administering the innoculation, the boy suddendly moves and the needle breaks off in his buttocks. Repeated surgical attempts are made before the needle is located and removed. Suit is brought by the parents against the doctor and the nurse to recover for injuries and medical and hospital expenses. (Barber vs. Reinking)

Which of the following statements would you endorse?

A. If the case occurred in the State of Washington, Mrs. Reinking's actions were illegal.

B. If the case occurred in New York State, Mrs. Reinking's actions were illegal.

C. No matter whether the case occurred in Washington or New York, Mrs. Reinking's actions were illegal.

D. No matter whether the case occurred in Washington or New York, Mrs. Reinking's actions were not illegal in and of themselves.

Answers

A. That's correct. And the case did occur in the State of Washington. (Barker vs. Reinking, 37921, S. Ct. Wash. 2nd, March 3, 1966) According to the Washington Nursing Practice Act, an L.P.N. was not permitted to give injections. Though that statute has been changed, at the time of the case it was held valid and the nurse was found liable.

B. The New York Nursing Practice stated both registered and licensed practical nurses could administer innoculations. So Mrs. Reinking's action would have been legal and above board in New York. Make another selection.

C. The New York Nursing Practice Act stated that a licensed practical nurse could give injections, so Mrs. Reinking's action would have been legal in New York. Make another selection.

D. The Nursing Practice Act of Washington State specified that only an R.N. could give injections. A breach of this statut would clearly be illegal. Make another selection.

□□□

An R.N., in contrast to an L.P.N., can always give innoculations under a doctor's supervision. However, an R.N. is not always permitted to start an intravenous feeding. In hospital X in Los Angeles, for example, no category of nursing personnel may start an intravenous feeding under any circumstances. In hospital Y in San Francisco, R.N.'s who receive special training at the hospital may start intravenous feeding when ordered by the physician.

From what we've discussed so far about procedures a nurse may perform, what conclusions can you draw?

A. A nurse may legally perform any procedure under the supervision of a physician.

B. Procedures a nurse is permitted to perform vary from State to State only.

C. Procedures a nurse is permitted to perform vary from State to State and from hospital to hospital.

Answers

76 A. A nurse can perform any procedure as long as it is sanctioned by her State's Nursing Practice Act. If a procedure is restricted by the Act, a physician's supervision cannot change that. Choose another alternative.

B. As you know, the administering of innoculations varied from State to State at one time, but in this case a San Francisco hospital and a Los Angeles hospital differ on the same procedure. Choose a better alternative.

C. That's right. You know from Barber vs. Reinking that the legal limitations on procedures a nurse can be requested to perform vary from State to State. And from the hospital X and Y example, it is clear that policy on procedures can also vary from hospital to hospital.

□□□

What a nurse may do, what authority she has, also depends on her place in the nursing service hierarchy. We have talked about all the categories of nursing personnel listed on the right below, except the nursing supervisor. The head (or charge) nurse reports to the nursing supervisor. The various nursing supervisors report to the director of nursing service. With this additional information, see if you can match the descriptions on the left with the categories of nursing personnel on the right.

_____ Overall responsibility for nursing in the hospital.	1. Nursing supervisor
_____ Supervision of two or more nursing units comprising a clinical service.	2. Director of nursing service
_____ Supervision of one nursing unit.	3. Nurses' aide
_____ Professional nurse directly responsible for patients.	4. Licensed practical nurse
_____ Nonprofessional nurse licensed to perform limited patient care functions.	5. Registered nurse
_____ Performs routine tasks to assure patient comfort.	6. Head (or charge) nurse

Answers

Check your answers with those below:

_2_ Overall responsibility for nursing in the hospital (director of nursing service).

_1_ Supervision of two or more nursing units compromising a clinical service (nursing supervisor).

_6_ Supervision of one nursing unit (head (or charge) nurse).

_5_ Professional nurse directly responsible for patients (registered nurse).

_4_ Nonprofessional nurse licensed to perform limited patient care functions (licensed practical nurse).

_3_ Performs routine tasks to assure patient comfort (nurses' aide).

□□□

When you need information about a patient, you want to talk with the nurse who is likely to offer the most complete and professionally competent information. Completeness will relate to her direct contact with the patient. Competence will relate to her level of training.

Clearly, the person most qualified to answer questions regarding your patient is:

A. Director of nursing service.

B. Nursing supervisor.

C. Head (or charge) nurse.

D. Registered nurse on duty.

E. Licensed practical nurse on duty.

F. Nurses' aide.

Answers

78 A. The director of nursing service may be at the top of the ladder, but her responsibilities are mainly supervisory. She has very little direct contact with the patient. Review and choose another answer.

B. The nursing supervisor may be high on the ladder of authority, but her responsibilities are mainly administrative. She has little direct contact with the patient. Review and choose another answer.

C. If she's the only one around, the head nurse will be a good source of information. She has considerable contact with the patient. But there is an even better qualified source of information. Review and choose another answer.

D. That's right. An R.N. on duty is the most qualified nurse to answer your questions. She has the direct contact with the patient. Nurses with supervisory responsibility have less contact with patients.

E. An L.P.N. will have some information on the patient, but her direct patient responsibilities and training are limited. Review and choose another answer.

F. A nurses' aide performs only routine tasks to assure patient comfort. She is not qualified to answer questions relating to medical matters. Review and choose another answer.

□□□

Your schedule will not always permit you to request assistance from nursing personnel at the best hours. However, if you give some thought to what the best time would be to ask questions or ask for the services of a nurse, you can use your own time more efficiently and aid efficient nursing care.

The following events stand out in nursing today. To save your own time and to avoid disrupting efficient nursing care, during which of these times would you want to avoid making rounds? (Check all times you would want to avoid).

_____ Patient meal times.

_____ Standard medication hours (b.i.d., t.i.d., g.i.d., and h.s.).

_____ Shift change and report of nursing personnel.

_____ Relatively well-staffed daytime shift.

_____ Short-handed evening shifts.

Answers

Check your list against the list below:

- ✓ Patient meal time.
- ✓ Standard medication hours (b.i.d., t.i.d., g.i.d., and h.s.).
- ✓ Shift change and report of nursing personnel.
- ____ Relatively well-staffed daytime shift.
- ✓ Short-handed evening shifts.

□□□

All but "relatively well-staffed daytime shift" should be checked. During the times that have been checked off, you're not likely to get the best assistance from the nursing staff. Meal time, shift change schedule, and standard medication time will, of course, vary from place to place, so it's necessary to request this information from each hospital.

The shortage of nurses reflected in the last case is certainly not unique. Many categories of hospital personnel are in short supply, but the hardest hit are nurses and certain technologists. What does this situation suggest to you regarding a nurse's time?

A. The use of a nurse's time for social rounds and special favors is against the patient's best interest.

B. Because of her tight schedule, a nurse should set aside specified times for doing special favors.

C. Due to shortage of time and manpower, the physician should take on some responsibilities that nurses ordinarily perform.

Answers

80

A. Correct. Due to nursing shortages and high costs, the use of a nurse's time for social rounds and special favors is very much against the interest of hospital patients.

B. With nursing shortages and costs as they are, there shouldn't be any time in a nurse's tight schedule for doing special favors. Review and choose a better answer.

C. Physicians are as much a part of manpower shortages and rising costs as are nurses. So the physician should not have to take on more responsibilities, nor should he overburden the nurse. Review and choose a better answer.

□□□

Other Services

Listed below are usual units or departments of a hospital and their basic functions:

UNIT	FUNCTION
Outpatient Department	Provides diagnostic, therapeutic, rehabilitative and preventive medical care (by appointment) to patients who do not require hospitalization.
Admitting	Responsible for handling all matters relating to scheduling and admission of inpatients to hospital.
Emergency	Provides immediate, unscheduled care as a result of accident, injury, or sudden illness.
House Staff	Physicians in training, employed by and usually residing in the hospital, who, along with patients' private physicians, are responsible for the medical care and treatment of patients.
EKG	Responsible for administering electrocardiograms.
Laboratories	Responsible for performing a wide variety of diagnostic examinations, such as tissue analysis, blood tests, and autopsies.
Radiology	Takes, interprets, and makes diagnosis from X-rays and provides X-ray treatment.
Pharmacy	Purchases, stores, compounds, and dispenses drugs and provides drug information. The Hospital Formulary is the list of drugs stocked by the pharmacy. It must be approved by the medical staff.
Surgery	Provides facilities and supportive services for the performance of operations.
Blood Bank	Often a community facility, sometimes a unit in hospital, which obtains, analyzes, processes, stores, and supplies blood.
Medical Records	Obtains, codes, stores, and retrieves all information relating to patient history and treatment.

UNIT	FUNCTION
Housekeeping	Responsible for cleaning buildings and rooms and making rooms ready for patients.
Laundry	Responsible for washing soiled linens and distributing clean linens where required.
Maintenance	Responsible for maintaining buildings, grounds, and related equipment. Supervises security procedures.
Central Supply Service	Responsible for sterilizing medical instruments and issuing portable equipment such as resuscitators, wheelchairs, stretchers, and oxygen tents.
Purchasing	Coordinates the purchase and distribution of most hospital supplies.
Public Relations	Responsible for maintaining good relations between the hospital, the media, and the community.
Personnel	Recruits, screens, and trains nonprofessional employees and coordinates wage administration and labor grievances.
usiness Office	Handles all fiscal matters of the hospital through a variety of special groups.

A physician requires daily services of any number of these units to answer his patients' needs. We've singled out three additional departments not mentioned above. The importance of these units is frequently overlooked, yet their value in patient care is significant. These three hospital departments are: 83

1. DIETARY Responsible for menu planning, selection, preparation, and serving of all hospital food.

   The dietary department usually offers the following services:

   .Planning therapeutic diets.

   .Holding classes for patients with ongoing diet-controlled needs.

2. PHYSICAL THERAPY (PT) Provides various forms of nondrug and nonsurgical treatment. PT typically provides the following:

   .Massage, therapeutic exercise, heat treatment, and hydrotherapy.

   .Muscle testing, electrical testing of nerves and evaluation of range of joint motion.

   .Electromyography.

Determining the specific exercise, massage, or other PT treatment requires intimate medical knowledge about the case. So which would you think true of the provision of physical therapy?

A. The physical therapist decides treatment.

B. A nurse can request specific treatment based on an M.D.'s general recommendations.

C. An M.D. must prescribe specific treatment.

Answers

84 A. A physical therapist is trained to administer the necessary treatment but would not have the intimate medical knowledge of a case to know what treatment to administer. Review and choose a more accurate answer.

B. A nurse will have some medical knowledge of the case but wouldn't have the intimate medical knowledge to decide what therapy should be administered. Review and choose another answer.

C. Right. A prescription is necessary for physical therapy, and a physician is the only one with significant knowledge of a case to be able to decide what PT should be administered.

□□□

Below are prescription forms for PT from two different physicians. Which one do you think will get better or more prompt results for the M.D.'s patient?

A.

Physical Therapy Consultation Date 7-15-74

Patient's Name John Berton Age 42

Diagnosis dislocated shoulder

Surgical Procedures relocated

Precautions _____

_____

Ambulatory ___ Prescription:

Wheelchair ___ PT for affected shoulder

Litter ___ Dr. P. M.D.

B.

Physical Therapy Consultation Date 7-15-74

Patient's Name John Berton Age 42

Diagnosis dislocated shoulder

Surgical Procedures relocated on 6/15/74

Precautions no passive range of motion

_____

Ambulatory ✓ Prescription:

Wheelchair ___ Active range of joint motion and

Litter ___ active exercise to left shoulder Dr. T. M.D.

Answers

86 A. Dr. P.'s order designates treatment, but what kind? He has left the door open for questions from the therapist because his prescription is not specific. See B.

B. You're right. Clear and complete physical therapy prescriptions are desirable and Dr. T.'s order is both; he has specified not only treatment but the date of surgery and precautions that should be noted. By being specific he has saved himself a lot of questioning. His prescription will get the quickest attention and the best results.

□□□

3. SOCIAL SERVICE Provides counselling and assistance to patients to help them deal with social, emotional, and cultural problems.

Typically the Social Service unit offers:

.Casework services for patients with social and/or emotional problems.

.Referrals to skilled nursing homes.

.Information regarding all health related community resources such as visiting nurse, alcoholics anonymous, and the like.

.Orthopedic and visual rehabilitation centers.

.Assistance in acquiring artificial limbs and appliances.

.Administration of psychological testing.

.Collection of social history.

.Adoption assistance.

Medical social workers are all professionally trained, and the head of a social service unit holds, at least, a master's degree in social work. You can count on the head of the social service department to be which of the following:

A. Trained by the hospital to handle all professional matters discreetly.

B. A college graduate with professional social work experience.

C. A professional with, at least, a master's degree in social work.

D. A doctor of social work.

Answers

88

A. The head of the social service unit will have been trained before he is hired by the hospital. Review and select another answer.

B. The head of the social service unit must be a college graduate, but his professional college training must be more extensive than that of a 4-year liberal arts graduate. Review and choose another alternative.

C. Right. The head of the social service department must be a professional with, at least, a master's degree in social work.

D. The head of a social service unit may have a doctorate in social work, but his professional training need not be that extensive to be hired by the hospital. Review and choose a better answer.

□□□

We mentioned earlier the significance of the preceding hospital units regarding patient care. Now that you have reviewed the services they offer, we will ask you to describe how you would use the services of dietary, physical therapy, and social service in the following two cases. Read each case and complete the exercises that follow.

Case No. 1

The patient comes to the hospital outpatient department complaining of shortness of breath and some swelling of the ankles. He says that when walking he has to stop every block to catch his breath. He also gets up during the night to catch his breath. He reports a chronic cough and says that increasing shortness of breath and fatigue over the last two months have caused him to seek medical attention. 89

Physical examination reveals blood pressure of 190/110, respiration rate of 28, and pulse of 96. Rales can be heard at both bases posteriorly; heart sounds are poor with P2> A2 and a moderately loud medium pitch systolic murmur at the apex. There is diaphragmatic dullness to percussion at T-11. There is markedly poor respiratory excursion, an increased A-P diameter of the chest, and prominent contraction of sternoclerdomastoid muscle. There is a 2+ pitting pedal edema.

The patient, a white male, 42 years of age, is accompanied by his wife when he arrives at the hospital. She seems highly nervous. She talks in a loud voice and keeps asking how long it will be before he can return to work. He grumbles that all she thinks about is money and would like to collect his life insurance. They begin to bicker and finally a nurse leads the wife into a waiting room. The patient says that he and his wife have a stormy relationship and that she frequently leaves him for several weeks at a time. He also mentions their teenage children away at school who constantly call home with problems.

The patient is a salesman. He travels to see his clients during the day and often has evening meetings. He smokes at least two packs of cigarettes a day. He admits that it is a high-pressure life but says he likes the money he earns.

What do you consider to be the most likely diagnosis of this patient?

A. Arteriosclerotic cardiovascular disease with congestive heart failure.

B. Chronic bronchitis and emphysema with congestive heart failure.

C. Carcinoma of the lung.

Answers

90 A. Arteriosclerotic cardiovascular disease is unlikely at age 42. Assume that further workup established answer "B" as the diagnosis.

B. Right. Chronic bronchitis and emphysema with congestive heart failure would probably be the best preliminary diagnosis. Arteriosclerotic cardiovascular disease is unlikely at age 42, and answer "C" does not account for the cardiac symptoms.

C. This could account for respiratory symptoms but the patient has cardiac symptoms as well. Assume that further workup established answer "B" as the diagnosis.

□□□

As the patient's physician, there are many things you might do but, specifically, what requests would you make of the hospital's dietary, physical therapy, and social service units?

Complete the forms below as you see necessary for the patient in case No. 1.

1. Recommended Diet _____

2. Physical Therapy Prescription _____

3. Social Service (requests, if any)

Answers

92 You need not have filled out the forms for case No. 1 exactly as we have, but the samples below suggest how you might have completed them:

1. Recommended Diet

    1. Salt restricted diet in hospital
    2. Diet counseling at discharge

2. Physical Therapy Prescription

    Postural drainage

    Diaphragmatic and coastal breathing exercises

    Coordinate treatment with oxygen therapist's treatment

3. Social Service

    Emotional counseling re family problems

    Counseling to accept limitations and help change to less stressful job

    Possible transfer to more stable setting during recuperation (i.e., skilled nursing home or similar facility)

Case No. 2

A 70-year-old female patient is brought by ambulance to the hospital emergency room. She recalls falling on the pavement outside her house and now complains of severe pain in the left thigh and knee. 93

Physical examination reveals an externally rotated and shortened left leg. Her blood pressure is 190/100. When giving her history, the patient reports blurring of vision and weight loss over the last few months. She has also been troubled recently by marked fatigue.

The patient lives alone on the second story of a two-family dwelling which is located about six blocks from a shopping center. She claims that she does not get along with the people that live downstairs. She derives support from her husband's Social Security and occasional gifts from her son who works in South America.

Check below the three tests that you consider most important to confirm your clinical diagnosis in this case.

_____ 1. CBC	_____ 6. 2-hour post prandial blood sugar
_____ 2. Urinalysis	_____ 7. EKG
_____ 3. X-ray of pelvis	_____ 8. BUN
_____ 4. X-ray of chest	_____ 9. Electrolytes
_____ 5. X-ray of left leg	_____10. Liver chemistries

Answers

94 The best choices turned out to be:

3. X-ray of the pelvis: revealed a displaced sub-capital fracture of the hip.

6. 2-hour post prandial blood sugar: the patient's blood sugar was 160.

7. EKG: results were negative.

An Austin-Moore prothesis was inserted in the patient's hip and a diagnosis of diabetes was made.

Take the part of this patient's physician. What requests, if any, would you make of dietary, physical therapy, and social service in this case?

Complete the following forms as you think necessary:

1. Recommended Diet _____

_____

_____

_____

2. Physical Therapy Prescription _____

_____

_____

_____

3. Social Service (request, if any)

_____

_____

_____

_____

Answers

Once again, you need not have followed our recommendations word for word. The completed forms below should merely suggest how you might have completed them. 95

1. Recommended Diet

   Diabetic diet while in hospital

   Counsel re diet after discharge

2. Physical Therapy Prescription

   Active range of joint motion

   exercise to hip. Progressive

   ambulation.

3. Social Service

   Diabetic counseling (to accept and see

   import of regimen)

   Fracture counseling (to accept limitation)

   Site visit and arrange for housekeeping,

   shopping, visiting nurse as needed

   Acquire walker

□□□

PART 4 · THE PHYSICIAN AND STANDARDS OF QUALITY CARE

96 Medical insurance companies such as Blue Cross and government programs such as Medicare are interested in keeping people well or getting them well as quickly as possible should they become ill. This is because it is in their interest to keep down the cost of insurance. These health insurance companies and Government agencies publish brochures and sponsor TV spots on how to safequard health. It only stands to reason, then, that they would reimburse medical care at:

A. Any hospital.

B. Only hospitals which meet or exceed certain quality standards.

Answers

A. If a hospital fails to maintain certain standards, no insurance company would take on the risk of refunding it. See B.

B. Right. No insurance company would accept the risk of refunding a hospital that failed to meet certain quality standards. The fact that more than 91 percent of hospital care is reimbursed by various third party payers makes the meeting of quality standards critical to most hospitals. To take a further look into the issue of quality standards, go on to the next page.

□□□

98 Read the following case relative to quality standards.

Community Memorial Hospital, a general medical surgical hospital of 450 beds, serves an urban community.

To perform a regular two-day accreditation survey, the Joint Commission on Accreditation of Hospitals (JCAH) sends in a team made up of a physician and a qualified hospital administrator. They note the following:

1. The physical plant is not protected by an automatic fire extinguishing system, even though the post World War I structure is of heavy timber construction.

2. Inadequate nursing shifts and inadequate procedures for keeping records exist in the hospital's emergency room.

3. Drugs and narcotics in the pharmacy are handled improperly and narcotics cabinets are insufficiently protected on the nursing stations.

4. Medical records are not only incomplete and often outdated but they are not filed for easy reference.

5. The hospital's medical staff bylaws are out of date. They don't include provisions for careful delineation of staff privileges or the utilization review function. Neither do the bylaws include definite procedures for reappointing members of the medical staff nor an appeals mechanism for persons whose privileges have been denied, curtailed, or withdrawn.

6. A weakness exists in the administrative structure, for there is no vehicle for keeping the necessary persons informed of the accreditation process or of the hospital's accreditation status.

After reviewing the list of deficiencies, the survey team recommends nonaccreditation. The JCAH staff concurs.

Community Memorial lost its accreditation. Its future is threatened. If it does not make certain changes it will no longer be able to accept Medicare, Blue Cross, and certain other insured patients. What body appears to have the authority to decide if a hospital's standards are adequate?

A. Governing board of hospital.

B. Joint Commission on Accreditation of Hospitals.

C. Survey team from insurance companies.

Answers

A. It is ultimately the governing board's responsibility to see that the hospital meets the standards for accreditation, but it cannot grant or withdraw that privilege. There is a governing body for every hospital but only one body that decides on standards nationwide. Review and choose another answer.

B. Right. The Joint Commission on Accreditation of Hospitals is the qualified accrediting body, and all hospitals must acquire their accreditation through it. The JCAH is made up of members of the AMA, AHA, American College of Surgeons, American College of Physicians, and other representative associations of the medical profession. As in the case of Community Memorial, at least part of the inspecting team will be made up of M.D.s.

C. An insurance survey team can make an inspection for its own company, but it would not have the adequate overall training or knowledge to decide on the adequacy of standards nationwide. Review and select another answer.

□□□

There wasn't one particular deficiency responsible for the decision against Community Memorial. The hospital showed weaknesses in several areas. Check the items below that you understand to be evaluated for accreditation:

___ Size of hospital.

___ Medical staff selection procedures.

___ Medical staff organization.

___ Medical staff responsibilities.

___ Local need for hospital facilities.

___ Administrative organization.

___ Adequacy of physical plant.

___ Selection and organization of nursing staff.

___ Control of medical records.

Answers

100 ___ Size of hospital.

✓ Medical staff selection procedures.

✓ Medical staff organization.

✓ Medical staff responsibilities.

___ Local need for hospital facilities.

✓ Administrative organization.

✓ Adequacy of physical plant.

✓ Selection and organization of nursing staff.

___ Control of medical records.

□□□

Hospital accreditation is based on meeting standards in all the areas checked above. By having deficiencies in seven areas, Community Memorial Hospital deserved nonaccreditation. Although he is not soley to blame, the hospital administrator had failed to keep the staff apprized of the hospital's accreditation status; maintenance of accreditation is the administrator's responsibility.

Some of the items above are not critical in evaluation. Size of hospital makes no difference. Large or small, every hospital must maintain JCAH standards. Local need for hospital facilities doesn't apply either. A hospital is not accredited on the basis of its urban or rural location.

As you noted, adequacy of medical records is evaluated for hospital accreditation. Why do you suppose the JCAH places such importance on adequate medical records?

A. To allow insurance companies to generate actuarial statistics regarding costs of illnesses.

B. To allow the medical staff and/or qualified outside parties to evaluate medical events within the hospital.

C. To provide documentation in case of legal suit.

Answers

A. Insurance companies need to refer to medical records for purposes of verification but this is of little interest to the JCAH. Review and choose a better answer. 101

B. That's correct. JCAH standards for medical records are designed specifically for the medical staff or the hospital. As the most complete and documented record of what goes on in the hospital, the medical record also becomes the best source of evaluation.

C. Adequate medical records are certainly important as legal evidence, but this is of little concern to the JCAH. Review and choose another answer.

□□□

Evaluation of medical care--(1) comparison of what was done against some standard and (2) tabulation of results of various courses of treatment--is receiving increasingly greater attention by the medical community. The key document in performing this evaluation is the medical record.

Evaluation of medical care is expanding from the limited activities of the Tissue Committee, in its monitoring of surgical procedures, to a monitoring of all medical care given in the hospital. One of the more advanced systems of medical care evaluation is in the Professional Activity Study (PAS) and Medical Audit Program (MAP) system of the Commission on Professional and Hospital Activities, Ann Arbor, Michigan. PAS and MAP make up a computerized medical information system. A medical record abstract is the input to the system.

Summary reports on each case and cumulative statistics are the output of this sophisticated system.

Regardless of the sophistication of the system, the process of evaluating medical care on a case-by-case basis is called "medical audit." A medical audit is best described as:

A. Any process of reviewing medical records.

B. Evaluation of care given to a patient as compared to a standard.

C. A statistical analysis of all quantitative information in the medical record.

Answers

102 A. Third-party payers usually review medical records and you know that a court of law may review medical records as evidence--yet neither process is part of "medical audit." Review and select a better answer.

B. Precisely. The "medical audit" is a total evaluation of a patient's care as compared to a standard. It is this process of evaluation that is becoming one of the physician's most exciting sources of continuing education.

C. Statistical analysis is only part of the "medical audit." The process also involves information, such as comparing the tests a doctor ordered to a given standard. There's no need for statistical analysis here. Review and choose a better answer.

□□□

QUESTIONNAIRE

	Agree	Disagree	No Opinion
1. Any licensed physician may use the facilities of any hospital.			
2. Most hospital care is paid for by some form of insurance or Government assistance.			
3. When admitting a patient, the basic information usually required is:			
a. Admitting diagnosis.			
b. Advice regarding method of payment.			
c. Name and address.			
d. Past admissions.			
4. The final responsibility for patient care within a hospital lies with the:			
a. Attending physician.			
b. Medical staff.			
c. Hospital governing board.			
d. Hospital administrator.			
5. The top of the nursing hierarchy is the head, or charge, nurse.			
6. Physical therapy requires a prescription from a physician.			
7. The social service unit of a hospital offers assistance in:			
a. Gathering information regarding a patient's home, social, or emotional history.			
b. Organizing fundraising for the hospital.			
c. Acquiring artificial limbs and appliances.			

	Agree	Disagree	No Opinion
8. A physician may use the hospital facilities only if he is offered a position on the staff. This offer is made solely at the discretion of the medical staff of the hospital.			
9. The governing body of a hospital is concerned only with financial matters.			
10. The hospital administrator is usually a layman.			
11. The hospital dietary department provides whatever diet a physician specifically requests but does not engage in planning therapeutic diets.			
12. The medical record must contain information to justify diagnosis, treatment, and end result.			
13. The hospital physical therapy unit provides:			
a. Heat treatments, exercises, and massage.			
b. Testing of muscles, nerves, and range of joint motion.			
c. Electromyography.			
14. Physicians, treating their patients in a hospital, act as independent professionals and are not organized as a group within the hospital.			
15. The hospital administrator has authority only over the physical plant and finances of the hospital.			
16. From the hospital's point of view, it is generally more desirable to admit and discharge patients early in the day.			
17. The bottom of the nursing hierarchy is the nurses' aide.			
18. Medical record entries must be made and signed by a licensed physician.			

	Agree	Disagree	No Opinion
19. The practice of a physician, when conducted in the hospital, is governed by a set of bylaws unique to that hospital.			
20. The medical staff of a hospital is responisble individually and as a group to the governing body of the hospital.			
21. The hospital administrator has some responsibility and authority related to patient care.			
22. A nurse must follow, without question, any order given her by a physician.			
23. Medical record entries serve as a source of information:			
a. When the attending physician is not available.			
b. In case of future illness of the patient.			
c. When inquiries are made regarding the patient's condition.			
d. For planning and evaluating hospital policies and programs.			
e. For verification for third party reimbursement.			
24. The governing body of a hospital is typically made up of physicians.			
25. Physicians who practice at a hospital are generally responsible for:			
a. Control of hospital-associated infections.			
b. Prompt, complete, and clinically pertinent documentation of medical events within the hospital.			
c. Evaluation of utilization of facilities and of services ordered and provided.			

	Agree	Disagree	No Opinion
d. Recommendation to the governing board of competent physicians for appointment to the staff.			
e. Coordination of activities and general policies of various medical departments and services.			
f. Provision of liaison between medical staff and governing body.			
g. Review and evaluation of surgical policies and of all surgical procedures carried out at the hospital.			
26. From the hospital's point of view, it is generally more desirable to admit and discharge patients late in the day.			
27. Nursing orders must always be written and signed by the attending physician.			
28. The medical staff of a hospital is self-governing and responsible only to its own membership.			
29. A hospital must admit a patient if a physician who regularly practices at the hospital requests the admission and a room is available.			
30. A nurse must question a physician's orders if she has any doubts about them.			
31. Medical record entries must be made and signed by a licensed registered nurse.			

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